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102d Congress — 2d Session • January 3–October 9, 1992

House Document

No. 366

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
102d CONGRESS
JANUARY 1–DECEMBER 31, 1991
VOLUME 1 OF 3 VOLUMES

United States Congressional Serial Set

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United States Government Printing Office
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102d Congress, 2d Session - - - - - - - - - - House Document 102-366

FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES OF THE 102D CONGRESS

FOR THE PERIOD

January 1, 1991, to December 31, 1991

COMMUNICATION FROM THE CLERK OF THE HOUSE PURSUANT TO 5 U.S.C. APP. 6 § 103

(Volume 1 of 3)

JULY 24, 1992.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

57-539 WASHINGTON : 1992

LETTER OF SUBMITTAL

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 24, 1992.

Hon. THOMAS S. FOLEY,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 103), and House Rule XLIV.

This compilation contains the personal financial disclosure statements amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1992, and includes the financial transaction as reported therein which occurred between January 1, 1991 and December 31, 1991.

House Rule XLIV provided that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports sent to him by Members within the period of beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With great respect, I am
Sincerely yours,

DONNALD K. ANDERSON,
Clerk, U.S. House of Representatives.

Enclosure.

ALPHABETICAL COMPILATION OF FINANCIAL DISCLOSURE REPORTS FILED BY MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES PURSUANT TO HOUSE RULE XLIV

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 4:50

NEIL ABERCROMBIE
(Full Name)

1440 LHOB
(Mailing Address)

WASHINGTON DC 20515

Telephone: 225-2726

Filer Status	[X] Member of the U.S. House of Representatives	State: HAWAII District: 1ST	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
SELF :	CITY, COUNTY OF HONOLULU - HON, HI	'90 SALARY REFUND OF RET. CONTRIB.	455.00
	STATE OF HAWAII PENSION FUND	PENSION	20,051.
SPOUSE :	STATE OF HAWAII	SALARY	/
	AMERICAN UNIVERSITY, WASH DC	SALARY	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
ABERCROMBIE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X									X								X						
	182 Main Street, Dover, Delaware					X							X								X							
JT	APT. CO-OP 1630 MAKIKI ST, HONOLULU					X							X										X					
S	CD - 1ST. HAWAIIAN BANK				X									X							X							
S,DF	" UNIV. OF HAWAII CREDIT UNION			X										X						X								
	" CONGRESSIONAL CREDIT UNION			X										X						X								

For additional assets and unearned income, use next page

2

Reporting Individual's Name
ABERCROMBIE

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example. ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
ABERCROMBIE

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	SELF – 1ST HAWAIIAN BANK	LOAN		X					
	BANK OF HAWAII	MORTGAGE APT CO-OP 1630 MAKIKI ST HON HI		X					

Reporting Individual's Name: ABERCROMBIE

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
ELECTRONIC INDUSTRIES ASSOCIATION WASH DC	JUNE 1-2, 1991	ROUND TRIP AIR TRAVEL WASH DC TO CHICAGO 2 DAYS FOOD + LODGING	
NAT'L AGENDA FOR PEACE IN EL SALVADOR WASH DC	APR 19-21, 1991	ROUND TRIP AIR TRAVEL WASH DC TO MEXICO CITY - 2 DAYS FOOD + LODGING	
UNIV. HAWAII FOUNDATION - HON, HI	AUG. 18-22 1991	ROUND TRIP AIR TRAVEL HON - MAUI - 4 DAYS FOOD + LODGING FOR SELF + SPOUSE.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ABERCROMBIE

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Neil Abercrombie	5-15-92

GPO: 1991 60-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC
(Office Use Only)

GARY L. ACKERMAN
(Full Name)

182-15 Radnor Road
(Mailing Address)

Jamaica, NY 11432

Telephone (718) 969-9291

Filer Status: [X] Member of the U.S. House of Representatives — State: New York District: 7 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Tribco Inc.	Spouse Compensation	NA
	Pride of Judea Mental Health Center	Spouse Compensation	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
GARY L. ACKERMAN

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	CNA, Chicago, IL	Speech	Apr. 6, 1991	$2,000

Reporting Individual's Name
GARY L. ACKERMAN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X								X										X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	European American Bank-Money Market				X										X						X										
	Congressional Federal Credit Union					X									X									X							
	Melrose Credit Union						X								X										X						
	Citibank - various accounts				X										X						X										
	Dominick & Dominick (Brokerage) Cash Account				X										X						X										
	Prudential Bache			X									X								X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: GARY L. ACKERMAN

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Hawaiian Gardens Condo Lauderdale Lakes, FL				X								X										X						
	News Communications Inc. (A)note (B)stock	X								X					X X				X								X		X X
	ACB Publications (1/3 interest)				X										X				X										
	Kentucky Central Life	X													X								X						X
	Nationwide Life IRA's (roll overs)				X									N/A															
	Advanced NMR	X													X				X										X
	Fidelity Magellan Fund			X								X			X						X								
	Spartan NY Municipal High Yield Fund				X							X											X						
	Body Drama	X													X						X								X
	Shearson Money Market	X										X									X								
	Hi-Low Stock Club (partnership income)			X											X				X										
	I.L.M. Aquisition LP			X											X				X										X
	Paramount Communications			X											X				X										X
	Gannett Co. Inc.	X										X									X								X
	Grand Met	X										X									X								X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: GARY L. ACKERMAN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Avitar	X													X					X							X
Tellus Industries			X											X			X									X
Intl. Movie Group			X											X			X									X
Keogh Defined Banefit Plan (from Pershing, Kemper, Enterprise)				X									N/A													
Alliance Govt. Reserves (money market)				X							X								X							
News Communications - Warrants			X											X			X									X
Legends Co. Chicago	X													X						X						X
Pure Tech Int'l.	X													X						X						X
Trinity Capitol Enterprises	X													X						X						X
Flushing Tribune Inc/Multi Media Adv				X											see	Agreements										
(possible accounts receivable)																										

Reporting Individual's Name
GARY L. ACKERMAN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	News Communications Inc. (Warrants)	X			July 13-16	X						
	News Communications Inc. (stock)	X			8-21-91	X						
	" "	X			8-30-91	X						
	" "	X			9-06-91	X						
	" "	X			9-15-91		X					
	" "	X			9-24-91	X						
	" "	X			10-05-91		X					
	" "	X			11-01-91	X						
*	" " In settlement of various disputes arising out of merger agreement dated March 16, 1989, Ackerman's option to require the company to			X	11-18-91					X		
	purchase up to 434,001 shares of company stock at $.63 per share was cancelled, as were payments due Ackerman totaling $120,000.											
	In consideration Ackerman received 3,937,500 shares of common stock.											
	ILM Aquisition LP	X			10-11-91	X						
	Paramount Communications	X			1-25-91	X						
	Gannett Co. Inc.		X		6-04-91	X						
	Grand Met		X		6-04-91	X						
	Legends Co. Chicago	X			1-31-91		X					
	Legends Co. Chicago		X		2-11-91 2-19-91		X					

Reporting Individual's Name
GARY L. ACKERMAN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Pure Tech Int'l.	X			3-15-91 3-25-91	X						
	Pure Tech. Int'l.		X		4-19-91	X						
	Kentucky Central Life	X			5-08-91	X						
	Kentucky Central Life		X		5-17-91 6-24-91	X						
	Advanced NMR	X X			4-19-91 7-20-91	X X						
	Avitar	X X			7-22-91 12-31-91	X X						
	Trinity Capitol Enterprises	X X			9-12-91 11-26-91	X X						
	Body Drama	X X			10-11-91 11-07-91	X X						
	Tellus Industries	X			12-31-91	X						
	Int'l. Movie Group	X			12-31-91	X						

Reporting Individual's Name

GARY L. ACKERMAN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Ambassador Savings & Loan (paid in '91)	Mortgage on Ft. Lauderdale condo	X						
	J.I. Kislak Mortgage Corp.	Mortgage on Ft. Lauderdale condo	X						
	Melrose Credit Union (paid Jan. 3, '92)	Passbook loans		X					

Reporting Individual's Name
GARY L. ACKERMAN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Mrs. Trudy Englandar, USA	Passover platter	$125

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
CNA, Chicago, IL	Apr.5-7	Roundtrip air, DC-New Orleans; 2 days food & lodging for self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
GARY L. ACKERMAN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	News Communications Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
5/15/89	Tribco/Queens Tribune/Multi Media/Mike Schenkler	Gary L. Ackerman to continue to receive proportionate share of the assets, including
		the accounts receivable, of the Flushing Tribune Inc. and Multi Media Inc. until all such assets are paid.

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15) Yes ☐ No [X] NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Gary L. Ackerman	May 14, 1992

GPO: 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

William V. Alexander, Jr.
(Full Name)

233 Cannon House Office Building
(Mailing Address) Telephone

Washington, DC 20515

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State: Arkansas District: First	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Hopkins Sutter	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

WILLIAM V. ALEXANDER, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Bell Helicopter Textron, Inc.	Speech & Appearance	Oct. 22, 1991	$2000.00
(Contribution made directly by source to			
East Arkansas Council of Boy Scouts of			
America, Post Office Box 146, Jonesboro,			
Arkansas 72401.			

Reporting Individual's Name

William V. Alexander, Jr.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may **list only year** and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples.	S	ABC Corporation Stock			X								X									X										X
			George Wash. Credit Union Accounts				X									X									X								
			182 Main Street, Dover, Delaware					X							X									X									
	Northwest Holding Company of Ft. Smith								X											Partnership Income	X											
	Commercial Building, 500 Rogers Ave. Fort Smith, AR																																
	Boulder Properties I			X																	X												X
	Condominium Development Boulder Co.																																
	Undeveloped Commercial Lot						X														X												
	Highway 140, Osceola, AR																																

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William V. Alexander, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Key Largo Undersea Park, Inc.-Stock	X																	X										X
S	A Plus Leasing & Equipment Co., Inc.- Stock			X															X										
S	Sea Lodge International, Inc.-Stock	X																	X										X
	Rent House 616 3rd Street NE Washington, DC							X					X												X				
	Congressional Federal Credit Union		X											X							X								
S	Preferred Investments, Inc.		X																X										

Reporting Individual's Name: William V. Alexander, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Key Largo Undersea Park, Inc. - Stock		X		6-26-91	See Note A						
S	Sea Lodge International, Inc. - Stock		X		6-26-91	See Note A						
	Note A - Stock of above listed corporation returned to											
	to the issuing corporation. No compensation											
	or any item of value was received in											
	conjunction with relinquishment of stock.											
	Boulder Properties I - Partnership Interest		X		12/31/91	See Note B						
	Note B - Assets of partnership were sold and proceeds											
	applied to partnership debt.											
	No funds were available for distribution											
	to partners.											

Reporting Individual's Name
William V. Alexander, Jr.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	United Federal Savings & Loan; Jonesboro, AR	Mortgage on 616 3rd St. NE Washington, DC					X		
	Mercantile Bank - Trustee , Jonesboro, AR	Investment Loan-Boulder Properties				X			
	Twin City Bank; North Little Rock, AR	Investment Loan-Boulder Properties					X		
	Preferred Investments, Inc., McLean, VA	Investment Loan-Boulder Properties					X		
	Mercantile Bank; Jonesboro, AR	Investment Loan-Boulder Properties				X			
	United Federal Savings & Loan; Jonesboro, AR	Personal Loan	X						
	A Plus Leasing & Equipment Co., Inc., McLean,VA	Personal Loan		X					
	Caraway Bank, Caraway	Investment Loan - Boulder Properties		X					

Reporting Individual's Name
WILLIAM V. ALEXANDER, JR.

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Bell Helicopter	Sept. 4-6, 1991	Air travel Washington, D. C. to Dallas / Fort Worth	
		to Memphis, Tennessee	
ARKLA, Inc.	April 30, 1991	Round trip air travel Washington, D. C. to	
		Little Rock, Arkansas	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM V. ALEXANDER, JR.

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: William V. Alexander, Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Partner	Northwest Holding Company of Fort Smith
Partner	Boulder Properties I

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [X] No [ ] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Wm V Alexander Jr

DATE (Month, Day, Year) May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 1... 13 PM 3 39

HAND DELIVERED

ALAN WAYNE ALLARD
(Full Name)

513 CANON HOB
(Mailing Address)

202-225-4676
Telephone

WASHINGTON, D.C.

Filer Status	[X] Member of the U.S. House of Representatives	State COLORADO District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. HOUSE OF REPRESENTATIVES	NA	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
A. Wayne ALLARD

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	MEBA-District 2 (AFL-CIO) to Ft. Collins Children's Clinic	appearance	May 21, 1991	$1,000

Reporting Individual's Name
A. Wayne Allard

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details: see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
JT	Savings Accounts:																											
	Westlake National Bank-Loveland		X											X							X							
	Congressional Credit Union- D.C.				X									X									X					
	First Nat'l Bank- Loveland				X									X				IRA										NA
JT	Kemper Municipal Bonds			X										X								X						
JT	412 3rd St. S.E., Wash. D.C.							X					X											X				

For additional assets and unearned income, use next page

Page 1 of 2

Financial Disclosure A-2

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: A Wayne Allard

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	personal residency 1203 Jennifer Dr., Loveland, CO										NA		X							X								
JT	2001 7th Ave., Greeley, CO					X							X										X					
	A. Wayne Allard Trust					X											None	X										
	(2nd subdivision of tract 3,																											
	Loch Lon 13th addition, City of																											
	Loveland, Colorado.) 15 lots + 12 acres																											
JT	RMR Group Note receivable			X										X							X							
	Nellie R. Stewart Estate Trust			X										X	X									X				
	Spring Canyon Investments, LTD			X										X	X							X						
	(3.26759% ownership) (Notes to																											
	RMR Group and W. F. Tannicliff)																											

(Form A)

Page 2 of 2

Financial Disclosure A-2(a)

Reporting Individual's Name
A. Wayne Allard

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	A. WAYNE ALLARD DVM-P.C		X		3-15-91		X					
JT	Veterinary Hosp. Bldg, 714 N. Taft, Loveland, CO		X		3-15-91			X				

Reporting Individual's Name
A. Wayne ALLard

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Evans - Feinburg note (O.C.) - Paid off	3mos 2nd Mortgage, 412 3rd St SE		X					
JT	Chase Mortgage Co. (O.C.)	1st Mortgage, 412 3rd St. SE				X			
JT	Source One (Previously Fireman's Fund)	1st Mortgage, 2001 7th St, Greeley		X					

Financial Disclosure A-4

Reporting Individual's Name
A. Wayne Allard

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
(Republican Retreat) Congressional Institute, Inc	Mar 14-16, 1991	Round trip (D.C.- Princeton), 2 nights food & lodging, self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
A. Wayne Allard

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
A. Wayne Allard

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Limited Partner	Spring Canyon Investments, Ltd. (See Part II)
President	A. Wayne Allard OVM-P.C (Uncompensated, resigned 3-15-91)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
A. Wayne Allard	May 12, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 15 3 37

(11)

George F. Allen
(Full Name)

RFD 1, Box 214, Earlysville, VA 22936 804/973-3535 (h), 703/931-8059
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State VA District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Commonwealth of Virginia	House of Delegate salary Jan-Nov	18,929.38
	George F. Allen, P.C., Law practice	Legal service salary Jan-Nov, 12	28,127.50

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
George F. Allen

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
S	Merrill-Lynch-George F. Allen, P.C. Money Market				X							X										X							x bought
S	Dominion Resources, George F. Allen, P.C.			X								X									X								x bought
S	Charlottesville-Albemarle Airport Authority Bond			X										X							X								called-sold
S	Phillip Morris, George F. Allen, P.C.			X								X									X								bought
S	Shell Transport.			X								X									X								bought
S	Merill Lynch Short Term Global Income Fund				X							X										X							bought

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: George F. Allen

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001*	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	Prudential Securities Money Market				X							X											X						
S	Triton Energy			X								X									X								
S	American Electric Power			X								X									X								
S	Met Life State Street Government Income				X							X										X							
S	Van Kampen Meritt Municipal Income Trust			X										X							X								
S	Putnam Investment Grade Municipal Inst.			X										X							X								
S	Pepsico Inc. Notes			X										X							X								
S	U.S. Treasury Notes			X										X							X								
S	General Motors C&H Stock			X								X									X								
S	Virginia Federal Savings Bank Certificate of Deposit	X												X									X						
S	First Virginia Bank			X										X							X								
S	Farm Fresh, Inc.			X										X							X								
S	BAT Industry	X										X			X					X									sold
S	109 E. Jefferson Street, Charlottesville, office Bldg.							X					X											X					
JT	99 acres, Buck Mtn. property Albemarle Co. Virginia							X											X										

(Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: George F. Allen

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	
S	Noble Drilling			x															x									
jt	Lot, Massanutten, Rockingham County, Virginia			x															x									
jt	Lot, Massanutten, Rockingham County, Virginia			x															x									
S	Coherent Inc., stock			x															x									
S	George F. Allen, P.C. office equipment, supplies				x													See Part 1										
DC	Assets held in Trust for children Merrill Lynch Short Term Global Income Fund			x								x									x							

Reporting Individual's Name

George F. Allen

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Charlottesville-Albemarle Airport Authority Bond		X		approx 12-19-91	X						
S	Upjohn Co.		X		3-7-91	X						
S	Businessland Inc.		X loss		3-4-91	X						
S	Merill Lynch Short Term Global Income Fund	X			6-19-91		X					
S	Dominion Resources	X			6-19-91	X						
S	Shell Transport	X			6-19-91	X						
S	Philip Morris Co.s. Inc.	X			6-19-91	X						
S	Virginia Federal Savings Bank, Certificates of Deposit matured		X		6-5-91		X					
S	BAT Industry		X		1-18-91	X						

Reporting Individual's Name: George F. Allen

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Jefferson National Bank, Charlottesville	Deed of Trust on office bldg. 109 E. Jefferson, Charlottesville				X			
JT	Jefferson National Bank, Charlottesville	personal loan		X					
S	Jefferson National Bank, Charlottesville	Deed of Trust on residence RFD 1, Box 214, Earlysville, VA			X				
JT	Southern Capital Fund, Inc.	Deed of Trust on 99 acres Buck Mountain, Free Union, VA		X					

Reporting Individual's Name
George F. Allen

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
see attached			

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

United States House of Representatives
Financial Disclosure Statement for Calendar Year 1991
Part VI - Tangible Gifts
Reporting Individual's Name: George F. Allen
Page 8 of 11

Source Brief Description Value

National Educational Association, Congressional Trading Cards", $10

National Philanthropy Day Committee, "Giving is Caring" Page-a-Day Calendar, $10

A Deeply Concerned Vietnam Veteran, POW/MIA T-Shirt and 2 POW/MIA stickers, $10

Center for Civic Education and the Council for the Advancement of Citizenship, "CIVITAS: A Framework for Civic Education" (book), $25

Majel Meyer, Oceanside, CA, "Perfect Love" book, $10

Don Wilson, Archivist, National Archives, "Draw!, Political Cartoons from Left to Right" exhibit catalog, $10.

T&M Ranch, Indiantown, Florida through Congressman Tom Lewis, "Anna of Germany" Christmas Ornament, $10

American Society of Magazine Photographers, "ASMP 10,000 Eyes" book, $50

The Urban Land Institute, 1992 Weekly Appointment Calendar, $10

Oxfam America Mickey Leland Memorial, "Empty Bowl" ceramic dish, $5

The Salvation Army, box of "Special Promises" inspiration cards, $5

Steel Can Recycling Institute, lunch box with small cans of Edge shaving cream, Juicy Juice, DelMonte fruit cup and Veg-All mixed vegetables, $10

The American Freedom Movement, "Say No! to the New World Order" book, $5.95

The John Birch Society, "The Establishment's Man" by James Drummey, $7

Shell Oil Company, The Shell Desk Diary, $12

RJR Nabisco Company, food gift box, $50

Champion International Corp., box of 10 rolls of gift wrapping, $35

Sierra Club, 1992 Sierra Club Centennial Calendar, $15

National Audubon Society, 1992 Calendar, $15

United States House of Representatives
Financial Disclosure Statement for Calendar Year 1991
Part VI - Tangible Gifts
Reporting Individual's Name: George F. Allen
Page 9 of 11

Source	Brief Description	Value
Valley View Nursery, christmas tree, $30		
Very Special Arts Council, 1992 calendar, $15		
Madison Co. Parks Report Committee, floral arrangement, $30		
United States Olympic Committee, 1992 Diary, $15		
LTV Corporation, A Guide to the 102nd Congress Calendar/Datebook, $20		
Commonwealth of the Northern Mariana Islands, Office of the Governor, 1992 Calendar of Historic Events, $15		
AT&T Government Relations, Richmond, 1992 calendar/date book, $5		
C&P Telephone, Bill Grove, 1991 White House Christmas Ornament, $12		
Governor Doug Wilder, metal Christmas ornament, $3		
Virginia Rural Waters Association, 1992 Calendar, $5		

Reporting Individual's Name
George F. Allen

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
none			

Reporting Individual's Name: George F. Allen

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
President	George F. Allen, P.C., No compensable activity since Nov. 12, 1991
President	G.A.S.P.A., Inc., expected dissolution in 1992
Board of Directors	United Way, Charlottesville, Virginia, No compensation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] N.A. [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N.A. [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
George F. Allen	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

92 JUL 12 PM 2 33

HAND DELIVERED

Glenn Malcolm Anderson
(Full Name)

11918 Hawthorne Blvd.
(Mailing Address)

Hawthorne, CA 90250 — Telephone (310)973-7343

Filer Status	XX Member of the U.S. House of Representatives	State California District 32nd	Officer or Employee	Employing Office
Report Type	XX Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
State of California Legislators Retirement		Retirement	$56,662.00
SPOUSE			
Downtown Enterprises, Hawthorne, CA 90250		Director Fee	1,300.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Glenn Malcolm Anderson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name
Glenn Malcolm Anderson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Example: S ABC Corporation Stock			X								X								X								X
	Example: George Wash. Credit Union Accounts				X									X								X						
	Example: 182 Main Street, Dover, Delaware					X							X									X						
JT	1950 Associates (partnership)					X					Distrb.											X						
JT	Hawthorne Fianacial HawthorneCA						X					X											X					
JT	Downtown Ent. HawthorneCA		X									X							X									
JT	Placer S/L Auburn CA	X										X								X								
JT	Security Pac.Bk.Huntington BchCA		X									X							X									
JT	Frontier S/L, Redondo Beach, CA		X									X							X									
JT	Atlantic Richfield, L.A. CA		X									X							X									
JT	American General Corp HoustonTX		X									X								X								
JT	Bank of America, Hawthorne, CA													X						X								
JT	Congressional Employ Fed Cr. Un													X					X									
JT	Rancho Dominquez Bk. Carson, CA							X						X					X									

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Glenn Malcolm Anderson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	San Leandro Property (partnership)			X													distrib.			X								
JT	STORE BLDG. 11922 Hawthorne Blvd., Haw. CA							X					X											X				
JT	RESTAURANT 11908 Hawthorne Blvd., Haw. CA							X					X											X				
JT	APARTMENTS - 11862,11858,11864 11850 Hawthorne Blvd., Haw, CA							X					X												X			
JT	DUPLEX & HOUSE 42$1,4257,4265 122nd St. Haw. CA						X						X											X				
JT	HOUSE 418 S. Capitol, Washington, DC						X											X										
JT	APARTMENTS 3927-35 Imperial Hwy, InglewoodCA							X					X											X				
JT	APARTMENTS 3911 W. Imperial Hwy, InglewoodCA							X					X											X				
JT	APARTMENTS 141 Spruce St., Inglewood, CA							X					X											X				
JT	CONDO 3432 Peck Ave., San Pedro, CA								X									X										
JT	LaQuinta Property LaQuinta, CA									X								X										
JT	HOUSE 12319 Cedar St., Hawthorne, CA						X						X									X						

Reporting Individual's Name: Glenn Malcolm Anderson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	1239 Rosecrans Blvd., #45 Gardena, CA 90249											
	Donation- Catholic Charities of Los Angeles, Inc. 1400 W. 9th St. Los Angeles, CA 90015											

Reporting Individual's Name
Glenn Malcolm Anderson

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Bank of America, Hawthorne, CA	Mortgage on 11918/22 Hawthorne Blvd HaW.CA		X					
JT	Wells Fargo Bank, Hawthorne, CA	Mortgage on 12319 Cedar St. Hawthorne, CA		X					
JT	Hawthorne S/L, Hawthorne, CA	Mortgage on 418 So. Capitol, WashingtonDC			X				
JT	Calif. Mortgage Svc., Santa Ana, CA	Mortgage on 141 Spruce St., Inglewood,CA		X					
JT	Hawthorne S/L, Hawthorne, CA	Mortgage on 3911 W. Imperial,Inglewood CA	X						

Reporting Individual's Name
Glenn Malcolm Anderson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE XX

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Glenn Malcolm Anderson

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
NONE			

Reporting Individual's Name
Glenn Malcolm Anderson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	Hawthorne S/L, Hawthorne, CA
Director	Hawthorne Financial Corp., Hawthorne, CA
President & Director	Downtown Enterprises, Hawthorne, CA

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Glenn M. Anderson	May 8, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Michael A. Andrews, Member of Congress
(Full Name)

303 Cannon H.O.B.
(Mailing Address)

Washington, D.C. 20515

Telephone: 202-225-7508

Filer Status				
	X Member of the U.S. House of Representatives	State: Texas District: 25th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

HAND DELIVERED

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Ann Andrews Interiors, Washington, D.C.	Spouse Income	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Michael A. Andrews

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X									X								
JT	House & Lot (5169Watson St.,DC)							X							X												X			X
JT	Antique Furnishings & Prints						X												X											
DC	Annuity for benefit of daughter, held by Garden State Life Ins. Co.			X															X											

For additional assets and unearned income, use next page

Reporting Individual's Name
Michael A. Andrews

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Michael A. Andrews

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Guardian Savings, Houston, Tx (Pd off '91)	Personal Loan & Mortgage					X		
JT	Compass Bank, Houston, Tx (Pd off '91)	Personal Loan	X						
JT	Century Bank, Washington, D.C. (Pd off '91)	Personal Loan		X					
JT	Federal Credit Union, Washington, D.C.	Personal Loan		X					

Reporting Individual's Name: Michael A. Andrews

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Texas Society of CPA's		2/4-5/91	Roundtrip Air Travel from Wash. D.C. to Dallas	
North Dakota Rural Electric Co-op		9/17/91-9/18/91	Roundtrip Air Travel from Wash. D.C. to North Dakota, Two days food and one night lodging	
New York Stock Exchange		10/6/91-10/7/91	Roundtrip Air Travel from Wash. D.C. to New York City, One day food, lodging, and ground transportation.	
Arlington Texas Cancer Society		10/28/91	Ground transportation in Ft. Worth Texas	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

57-539 O—92—3

Reporting Individual's Name
Michael A. Andrews

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
National Board of Directors	Houston Ballet Association

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Michael A. Andrews	May 15, 1992

GPO: 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

92 [illegible] 15 AM 11 14

HAND DELIVERED

Robert E. Andrews
(Full Name)

1105 Creek Road, Bellmawr, New Jersey 08031-1521 (609) 931-1336
(Mailing Address) Telephone

Filer Status	[XX] Member of the U.S. House of Representatives	State New Jersey District First	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Robert E. Andrews

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D.C.	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Bucknell University	Speech	June 2, 1991	$1000
	National Association of Environmental Management	Speech	Oct. 15, 1991	$2000

Reporting Individual's Name

Robert E. Andrews

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X								X								
	Massachusetts Financial Services Lifetime Plus Interest					X								X							X										
	Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate) NOTE: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings of the trust.						X											X		X											

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Robert E. Andrews

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

Reporting Individual's Name
Robert E. Andrews

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Robert E. Andrews

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE XXX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Robert E. Andrews

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE XXX

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Association of State Colleges		Nov. 24-25, 1991	Roundtrip Air Travel from Washington, D.C. to San Antonio, 1 night lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Robert E. Andrews

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
Robert E. Andrews

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XXX

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes ☐ No ☐ NA XX

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA XX

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Robert E. Andrews	5-14-92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 4:52

HAND DELIVERED

(Office Use Only)

THOMAS H. ANDREWS
(Full Name)

1724 Longworth HOB
(Mailing Address) Telephone

Washington, DC 20515

Filer Status	X Member of the U.S. House of Representatives	State ____ District: ____	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date ____

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Debra Andrews, I.U.C., USA, ~~Washington, DC~~ Education Consultant	Consultant Fees	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
THOMAS H. ANDREWS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts				X									X									X					
			182 Main Street, Dover, Delaware					X							X								X							
	Coastal Bank, Portland, ME CD					X										X							X							
	Rental of upstairs unit in Portland home, Portland, Maine							X							X										X					

For additional assets and unearned income, use next page

Reporting Individual's Name
THOMAS H. ANDREWS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
THOMAS H. ANDREWS

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Knutson Mortgage Co. Minneapolis, MN	Mortgage on 58 Gray Street		X					
		Portland, Maine home							

Reporting Individual's Name
THOMAS H. ANDREWS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Unitarian Universalists Service		2/9/91 2/13/91	Round trip Air Travel from Wash. DC to Mexico City and El	
Committee			Salvador	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
THOMAS H. ANDREWS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [✓] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [✓] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Thomas H. Andrews	5/13/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY -5 PM 4:07

(7)

Hon. Frank Annunzio
(Full Name)

2303 Rayburn Bldg.
(Mailing Address)

Washington, D.C. 20515
Telephone

HAND DELIVERED

MC

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: Eleven	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Frank Annunzio

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income															Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X							X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
			6400 N. Cicero, Lincolnwood, Ill.			X								X								X							
			First Nat'l. Bk. of Lincolnwood - Savings					X							X									X					
			Congressional Credit Union - Savings					X							X									X					
			Treasury bill				X								X					X									
			Parcel of land in Northbrook, Ill. bounded by Lake-Cook Rd., Lee Rd., + Skokie Highway (10% interest).					X												X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: FRANK ANNUNZIO

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
S	Chicagoland General Tire Co.: 205 Harlem Ave. Forest Park, Illinois (Stock)			X															X										
JT	Store & Service Bldg. 205 Harlem Ave. Forest Park, Illinois						X												X										

Reporting Individual's Name
FRANK ANNUNZIO

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 +
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	TREASURY Bill	X			12-26-91			X				

Reporting Individual's Name

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Connecticut Mutual Life Ins. Co.	Loan		X					
		(paid off in full 2-13-91)							

Reporting Individual's Name
FRANK ANNUNZIO

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☒

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6–8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S.C 7342)

Reporting Individual's Name
Frank Annunzio

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization	
Member, Board of Directors	JFK Health Care Corp. 1604 Colonial Parkway Inverness, Illinois	No Remuneration

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

Frank Annunzio

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5 5 92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 15 PM 2 32

HAND DELIVERED

Beryl F. Anthony, Jr.
(Full Name)

1212 Longworth House Building
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Arkansas District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Dow, Lohnes & Albertson	spouse salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Beryl F. Anthony, Jr.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Smokeless Tobacco Council	appearance	June 4, 1991	$1,000
	RJR Nabisco	speech	Nov. 21, 1991	$2,000

Reporting Individual's Name: Beryl F. Anthony, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X								X								X
			George Wash. Credit Union Accounts				X								X								X						
			182 Main Street, Dover, Delaware					X						X								X							
S	Merrill Lynch - CMA			X									X								X								
	Anthony Forest Products Co.								X				X					return on equity			X			X					
	Porterco, Inc., Magnolia, AR							X										return on equity						X					
S	Lots-Hope, AR					X																							
	Wright Patman Cong. Credit Union				X										X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Beryl F. Anthony, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																			BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

(Form A)

Reporting Individual's Name

Beryl F. Anthony, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Beryl F. Anthony, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Calvin Porter, CEO, Porterco, Magnolia, AR	stock purchase				X			
	Worthen of Pine Bluff, AR.-formerly Nat'l Bank of Comm.	Personal		X					
	Nat'l Bank of Commerce of El Dorado, AR	Personal			X				

Reporting Individual's Name
Beryl F. Anthony, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Kemper Open Pro Am	golfing souvenirs	$195.91

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Canada-US Business Asso.-meeting with Canadian off.	Jan. 16-17, 1991	Roundtrip air from Wash. to Toronto, Canada and back to Wash.; 1 night lodging and meal	
Aetna - Aetna Challenge-charity events	Feb. 10-14, 1991	Airfare from Palm Springs, CA. to Naples, Florida; 3 nights lodging & meals;spouse included; extra night at own expense	
National Marine Manu. Asso.-meeting with exe. and speech	Feb. 14-17, 1991	Airfare from Miami, Florida to Wash., DC; 3 nights lodging and meals; cab fare	
Tyson Foods - speech and meeting with exe. off.	Feb. 21-22, 1991	Airfare from Wash. to Fayetteville, AR. and on to Hot Springs, AR.; 1 night lodging and meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Beryl F. Anthony, Jr.

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Federal Express	Aug. 23, 1991	One way airfare from Texarkana, AR. to Wash. from a charity golf tourn. hosted by Opportunities, Inc.	
Walt Disney Co. - meetings with executive officials	Sept. 28-30, 1991	Airfare from Little Rock, AR. to Orlando, Florida and on to Wash.; 2 nights lodging and meals	

Reporting Individual's Name: Beryl F. Anthony, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Anthony Forest Products Co.- El Dorado, AR.
Director-Part Owner	Porterco, Inc. - Magnolia, AR.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1979	Anthony Forest Products Co.	Family Business Consultant

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] N.A. ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] N.A. ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Beryl Anthony, Jr.	May 13, 1992

GPO: 1991 50-297 (m)

57-539 O—92—4

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 APR 27 PM 3:05 (8)

E. Douglas Applegate
(Full Name)

2183 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515 (202) 225-6265
Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: OHIO District: 18TH	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

MC **INSIDE MAIL**
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Ohio Public Employees Retirement System	Pension	4099.[illegible]
	U.S. Government Employment - Exempt		

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

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Reporting Individual's Name
Douglas Applegate

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
NONE				

Reporting Individual's Name: Douglas Applegate

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X										X
			George Wash. Credit Union Accounts				X									X								X									
			182 Main Street, Dover, Delaware					X							X									X									
			Bank of New York - IMIT Fund			X								X										X									
			Worthington Industries Com. Stock			X								X								X											X
			Bob Evans Farms, Inc. - Com. Stock				X							X									X										
			Federal, Inc. Common Stock			X								X								X											X
			Ohio Housing Finance Agency - Muni. Bond	X												X								X									X
			Cincinnati, Oh. City Sch. Dist. - Muni. Bond	X												X								X									X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Douglas Applegate

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Lorain, Ohio Muni. Bond		X												X									X					X
Alliance Tax Exempt Acct. - Mon. Mkt.					X									X							X							
Jackson Co., Oh. Muni. Bond		X												X							X							X
Cardinal Tax Exempt Acct. - Mon. Mkt.			X									X									X							
Lucas Co., Oh. Muni. Bond						X								X							X							X
Ohio St. Hiway Muni. Bond						X								X									X					X
Puerto Rico Comm. Muni. Bond					X									X						X								X
Columbus, Ohio Park Muni. Bond					X									X							X							X
Wright Patman Cong. Cred. Union				X										X						X								
The Ohio Co., Steubenville, Oh. - IRA				X								X								X								
S The Ohio Co., Steubenville, Oh. - IRA				X								X								X								
S World Sav. Bank, Steubenville, Oh. - IRA			X											X							X							
			X											X							X							
				X										X									X					
				X										X									X					
S Bank One, Steubenville, Oh. - IRA				X										X						X								
Bank One, Steubenville, Oh. - IRA				X										X							X							

(Form A)

Reporting Individual's Name: Douglas Applegate

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fedders Inc. Common Stock		X		12-12-91	X						
	Lucas Co., Ohio Muni. Bond	X			9-03-91			X				
	Ohio State Highway Muni. Bond	X			7-03-91			X				
	Puerto Rico Commonwealth Muni. Bond	X			5-14-91		X					
	Columbus, Oh. Park + Rec. Muni. Bond	X			11-20-91		X					
	Worthington Industries Common Stock	X			11-05-91	X						
		X			12-12-91	X						
	Cincinnati, Ohio School Dist. Muni. Bond				MATURED 12-01-91		X					
	Ohio Housing Financing Agency Muni. Bond				MATURED 09-01-91		X					
	Lorraine, Oh. Muni. Bond				MATURED 7-05-91			X				
	Jackson Co. Oh. Muni. Bond				MATURED 4-15-91		X					

Reporting Individual's Name: Douglas Applegate

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Douglas Applegate

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE ☒

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☒

Source		Date(s)	Brief Description (itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Douglas Applegate

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions, page 9) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
X	April 27, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 2 30

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

mc

(Office Use Only)

William R. Archer, Jr.
(Full Name)

1236 Longworth House Office Building
(Mailing Address)

(202)225-2571
Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 7th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
William R. Archer, Jr

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Nat. Association of Independent Insurers	Speech	March 5, 1991	$500
Amer. Association of Life Underwriters	Speech	March 6, 1991	$2000
Securities Industries Association	Speech	March 19, 1991	$2000
Interstate Natural Gas Association of America	Speech	April 17, 1991	$2000
American Council for Capital Formation	Speech	May 14, 1991	$2000
Nat. Business Aircraft Association	Speech	July 17, 1991	$2000
IBM	Speech	Oct. 10, 1991	$1500
Blue Cross/Blue Shield	Speech	Oct. 24, 1991	$2000

Reporting Individual's Name

William R. Archer, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		162 Main Street, Dover, Delaware					X							X										X							
	GE - Bonds					X									X							X									
	Cong. Fed. Credit Union				X										X							X									
JT	Crestar Bank - CD					X									X							X									
S	Crestar Bank				X										X							X									
S	Charles Schwab & Co. - IRA				X										X						X										
	U.S. Life - Stock					X							X								X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William R. Archer, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Halliburton - Stock			X								X									X								
	Gulf States Utilities - Stock			X								X							X										
	Texfi 4-3/4 due '96 - bonds			X										X							X								
	Valdez, Alaska 5.5% due '07-bonds				X									X								X							
	Amerada Hess - Stock			X								X								X									
	Townhouse - Houston, TX						X						X										X						
	Archer Associates - Family ** ~~Partnership~~							X						X										X					
	San Juan, NM - Mineral Royalty Int.		X															Royalty				X							
	Merrill Lynch CMA Acct. #1							X				X											X						
JT	Merrill Lynch CMA Acct. #2				X							X									X								
	Real Estate Partnership-Houston ~~Westwood Shopping Ctr. 1.5% Int.~~			X										X							X								
JT	San Jacinto Savings - IRA					X								X									X						
	Real Estate Partnership-Houston ~~Meadowlake Estates - 6.25% Int.~~			X										X							X								
	F&M Nat'l Bank of Stanley - CD					X								X									X						
	Real Estate Partnership- Houston Howard Chen - 2.5% Int.				X									X					X										

**See attached breakdown of Partnership Holdings

Addendum to Parts II & Parts III - 1991 Financial Disclosure of William R. Archer, Jr.

** Archer Associates-Family Partnership

Breakdown of Holdings (with category of value to William R. Archer, Jr.)

Holding	Category of Value
Bank One-Greenway - Acct.	C
Crestar Bank - Acct.	B
1st Natl. Chicago - Money Market	C
Security Pacific Natl. - Money Market	B
Capital Markets - Money Market	C
United Savings - CD	C
F&M National - CD	C
Great American Bank - CD	C
Chevy Chase - CD	C
First Heights Bank - CD	C
Continental Savings - CD	C
Perpetual Savings - CD	C
Crestar Bank - CD	C
Note Receivable - G.Bryant	B
NY City Bonds	C
Houston W&S Bonds	C
Williams Farm, East Texas	B
Meadowlake Real Estate Ptsp.-Houston	C
Russ-Jackson Real Estate Ptsp.-Houston	B

Reporting Individual's Name
William R. Archer, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
William R. Archer, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at *any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
William R. Archer, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Jefferson Foundation-mtngs. w/ govt.,business & private groups		Jan. 4-10, 1991	RT Air from Wash., D.C. to Johannesburg, South Africa 5 days lodging & food (self & spouse)	
Far East Studies Institute-USIA approved cultural exchange		Aug.8-22,1991	RT Air from Wash., D.C. to China; lodging & food (self & spouse)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: William R. Archer, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Director	Houston Chapter, Amer. Soc. for the Prevention of Cruelty to Animals
Partner	Archer Associates Partnership

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William R. Archer	May 11, 1992

GPO: 1991 80-387 (#4)

BILL ARCHER
7TH DISTRICT, TEXAS
RANKING MINORITY MEMBER
WAYS AND MEANS COMMITTEE
JOINT COMMITTEE ON TAXATION

HAND DELIVERED

Congress of the United States
House of Representatives

WASHINGTON OFFICE
1238 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4307
(202) 225-2571
FAX (202) 225-4381

DISTRICT OFFICE
1003 WEST ROAD SUITE 311
HOUSTON, TX 77055-6832
(713) 467-7493
FAX (713) 461-6289

May 13, 1992

92 MAY 15 PM 2 30

Honorable Donnald K. Anderson
Clerk of the House
H-105, The Capitol
Washington, D.C. 20515

Dear Mr. Anderson:

I would appreciate your assistance in making the enclosed copy of my voluntary December 31, 1991 Financial Statement part of my permanent record along with the enclosed Financial Disclosure Statement for 1991, which is required by law.

Thank you very much, and with best wishes

Sincerely,

Bill Archer

Bill Archer
Member of Congress

FINANCIAL STATEMENT
WILLIAM R. ARCHER, JR.
DECEMBER 31, 1991

ASSETS

Cash (Cong. Credit Union Acct.)		6,923.00
Cash (Crestar Bank)		19,694.00
Merrill Lynch Cash Management Acct.		250,932.00
Merrill Lynch Cash Management Acct.		6,350.00
F&M National Bank of Stanley Certificate of Deposit		98,392.00
I.R.A. (San Jacinto Savings)		96,887.00
Life Insurance Cash Value		8,800.00
Federal Government Retirement Fund		81,254.00
FERS Thrift Savings		26,840.00
Stocks and Bonds (Market Value 12-31-91)		
501 shares U.S. Life @ 47.88		3,988.00
300 shares Halliburton @ 28.50		8,550.00
254 shares Gulf States Utilities @ 10.25		2,604.00
5 Texfi Bonds @ 1000.00		5,000.00
4 $5,000 Valdez, Alaska Bonds @ 4525.00		18,100.00
108 shares Amerada Hess @ 47.50		5,130.00
GE Bonds		40,000.00
26.1% Interest in Archer Associates, A Partnership		353,147.00
Real Estate:		902,515.00
Investment Equities - Houston Real Estate (at cost less depreciation)	31,643.00	
Townhouse, Houston, TX (at cost w/spouse)	127,731.00	
House & Lot, Arlington, VA (at cost & improvements w/ spouse)	450,141.00	
House & Acreage - Page County, VA (at cost)	293,000.00	
Mineral Royalty Interest, San Juan, New Mexico (at cost)		2,000.00
1990 Ford Taurus		7,000.00
Coin Collection (at cost)		16,326.00
1987 Dodge Truck		6,000.00
TOTAL ASSETS		1,966,432.00

LIABILITIES:

00.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

7

92 MAY 13 AM 10 03

HAND DELIVERED

RICHARD K. ARMEY
(Full Name)

4100 MORRIS ROAD # 1027
(Mailing Address)

Telephone

FLOWER MOUND, TEXAS 75028

Filer Status	[X] Member of the U.S. House of Representatives — State: Texas, District: 26	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [XX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
RICHARD K. ARMEY

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	U.S. Chamber of Commerce	Speech	Feb. 21, 1991	$500

Reporting Individual's Name
RICHARD K. ARMEY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
	TIAA CREA - TEACHER's RETIREMENT																X						X							

For additional assets and unearned income, use next page

Reporting Individual's Name
RICHARD K. ARMEY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
RICHARD K. ARMEY

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				X			
	First Interstate Bank - Bedford, Texas	Personal Loan	X						
	Denton Area Teachers Credit Union - Denton, Texas	Personal Loan	X						

Reporting Individual's Name
RICHARD K. ARMEY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE XX

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
ASHLAND COLLEGE - ASHLAND, OH		4/22/91	Roundtrip Air Travel Wash. DC to Cleveland	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
RICHARD K. ARMEY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
CHAIRMAN	INSTITUTE FOR POLICY INNOVATION

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Dick Armey

DATE (Month, Day, Year): MAY 12, 1992

GPO: 1991 80-387 (re)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 1:18

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

mc (Office Use Only)

118

(Full Name)	Les Aspin
(Mailing Address)	2336 Rayburn Building
	Washington, D.C. 20515
Telephone	202-225-3031
Filer Status	[X] Member of the U.S. House of Representatives — State: Wisconsin District: 1st — [ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Les Aspin

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Fay Improvement Company	speech	Jan. 29, 1991	$2,000.00
	Ancient and Honorable Artillery Co. of Mass.	speech	June 3, 1991	$2,000.00
	Aerospace Industries Association	speech	Oct. 8, 1991	$1,000.00
	National Strategy Forum	article	Nov. 4, 1991	$200.00

Reporting Individual's Name: Les Aspin

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE [X]

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X										X								X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								

For additional assets and unearned income, use next page

Page ____ of ____

Reporting Individual's Name: Les Aspin

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Les Aspin

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Les Aspin

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Gen. Mohamed Hussein Tantawi	rug	$180.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Bud Selig	1991	Brewer's baseball games (attendance at less than 10 games)	X
Ancient and Honorable Artillery Company of Massachusetts	6/3–6/4	Airfare Boston to Washington and 1 night lodging to deliver speech	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

57-539 O—92——5

Reporting Individual's Name
Les Aspin

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [x]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] NA [X]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Les Aspin	May 15, 1992

GPO: 1991 50-257 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 13 F1 2 13

(8)

Chester G. Atkins
(Full Name)

123 Cannon House Office Building — (202) 225-3411
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Massachusetts District: Fifth	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Harte-Hanks Communications	Spouse - Columns	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Chester G. Atkins

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Washington Post	Op-Ed Article	Sept. 16, 1991	$200

Reporting Individual's Name
Chester G. Atkins

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE XX

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							

For additional assets and unearned income, use next page

Reporting Individual's Name

Chester G. Atkins

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XX *

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	*(A loan made in 1990 to The Atkins for Congress Committee was repaid in full during 1991; the repayment does not constitute a "transaction" for reporting purposes, however, because it did not constitute the disposition of a "security.")											

Reporting Individual's Name
Chester G. Atkins

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE XX

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22.

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash D C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Chester G. Atkins

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [XX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del.				X			

Reporting Individual's Name: Chester G. Atkins

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
See Schedule Attached	

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] N/A [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N/A [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Chester G. Atkins	May 14, 1992

GPO 1991 50-287 (m)

Part VIII, Positions

Position	Name of Organization
Congressional Advisory Board	International Center, Washington, DC
Public Policy Advisory Committee	The Population Institute, Washington, DC
Honorary Board Member	Mass. Chapter, Huntington's Disease Society of America, Boston, MA
Advisory Board	Democrats for Choice, White Plains, New York
Honorary Co-Chair	Bread & Roses Heritage Committee, Lawrence, MA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY -8 PM 4:51 (6)

Les AuCoin
(Full Name)

2159 Rayburn HOB
(Mailing Address)

Telephone

Washington DC 20515

Filer Status: [✓] Member of the U.S. House of Representatives — State: Oregon District: 1st; [ ] Officer or Employee — Employing Office

Report Type: [✓] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NARAL (Jan - May)	spouse salary	37,500 (per annum)
	AuCoin For Senate - (May - Dec.)	spouse salary	37,500 (per annum)
	Pacific University	Approved teaching fee	9,000

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name: Les AuCoin

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may **list only year** end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT — Examples: S — ABC Corporation Stock				X								X									X							X
Examples: George Wash. Credit Union Accounts					X									X									X					
Examples: 182 Main Street, Dover, Delaware						X							X									X						
S IRA Merrill Lynch				X																NA								
JT Congressional Federal Credit Union Savings Acct.				X										X						X								
JT Merrill Lynch money market Fund				X										X					X									

For additional assets and unearned income, use next page

Page ____ of ____

Reporting Individual's Name
Les AuCoin

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	sale property Bend, Oregon spouse		✓		7.23.91	✓						
S	sale property Bend, Oregon spouse		✓		4.4.91		✓					

Financial Disclosure A-3

Page ___ of ___

Reporting Individual's Name

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Les AuCoin

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NARAL (Art Pro-Choice NYC event)		April 23, 1991	Roundtrip from Wash. DC to NYC 1 night lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Les Aucoin

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Pacific University, Forest Grove, Ore.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Les Aucoin	5/7/92

GPO: 1991 50-267 (m)

LES AuCOIN
1st District, Oregon

INSIDE MAIL

2188 Rayburn Building
Washington, DC 20515-3701
(202) 225-0855
880 Montgomery Park
2701 NW Vaughn
Portland, OR 97210
(503) 326-2901
Oregon Toll Free Line
1-800-422-4003

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-3701

May 26, 1992

1
✓
MC

Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington D.C. 20515

Dear Sir:

This letter provides the additional information for my Financial Disclosure Statement as requested by letter of May 19, 1992.

On Page A-5, Part VII, transportation was provided to New York on April 23, 1991 and back on April 24, 1991, with one night lodging.

On Page A-6, Part X, the "Trusts" box should be checked NO. The "Exemption Test" box should be checked NO.

Thank you.

Sincerely,

LES AuCOIN
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . 16 17 2 52

HAND DELIVERED (19)

James Leonard Bacchus
(Full Name)

4915 Gran-Lac Avenue, Belle Isle, Fl 32812
(Mailing Address) Telephone

Filer Status	[X] Member of the U S House of Representatives	State FL District 11	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	US House of Representatives	Member Salary	113,980

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name: JLB

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X								X								
JT	Money Market Account Sun Bank, Orlando, Fl							X								X								X							
	IRA/CD Sun Bank, Orlando, Fl					X										X						X									
S	IRA/CD Sun Bank, Orlando, Fl					X										X						X									
JT	Checking Account Sun Bank, Orlando, Fl					X													NA												
	IRA Passbook Sun Bank, Orlando, Fl						X															X									
S	IRA Passbook Sun Bank, Orlando, Fl						X																X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JLB

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	1/2 ownership of unimproved land (approx 1 acre)Bradford County, Fl			X														NA												
	Retirement Benefit from Akerman, Senterfitt & Eidson Attorneys at																													
	Law (resigned 12-31-90). Payment of $32,848.20 in benefits being paid over																													
	60 months which began in April 1991 in accordance with partnership agreement.																													
	Year end value reported here represents monies received in 1991				X													retirement												
	4915 Gran-Lac Avenue in Belle Isle						X																							
	Automobiles			X																										
	savings account in name of son ,		X											X						X										
	Joseph Bacchus																													
	US House of Representatives			X														retirement NA												
	Retirement Account																													

(Form A)

Reporting Individual's Name
JLB

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	GMAC	car loan-1989 Chevrolet Corsica	Less than $10,000						
JT	SunTrust Mortgage	mortgage on residence-4915 Gran Lac Orlando, Fl			X				

Reporting Individual's Name
JLB

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135
	Upon the birth of our daughter in May 1991, we received numerous traditional baby gifts. To the best of our knowledge, none meets the above reporting requirements.	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash. D.C to Seattle, 3 days food & lodging, self and spouse	
American Enterprise Institute and Brookings Institution	Jan 4-8, 1991	Roundtrip train from Wash DC, 4 nights lodging and meals for self, spouse and son to attend Seminar for New members of 102nd Congress, coordinated by Congressional Research Service. Event held in Williamsburg.	
Electronics Speech	Mar. 25-27, 1991	Roundtrip air fare Orlando, Fl./2 nights lodging and meals for self, to speak to the annual legislative conference of the American Electronics Association to Ft. Myers, FL. and return	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S C 7342)

Reporting Individual's Name: JLB

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [ ]

Date	Parties To	Terms of Agreement
12-31-91	Dec. 31, 1990, resignation as Partner from Akerman,	Capital in the amount of $36,900 returned
	Senterfitt & Eidson, Attorneys at Law, Orlando, Fl	as of 11-20-91; vested funds in integrated profit sharing fund withdraw in accordance
		with plan agreement; payment of $32,848.20 in retirement benefits being paid over 60 months (begin in April 1991 in accordance with partnership agreement).

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
James Leonard Birchfield	May 14, 1992

GPO: 1991 50-287 (m)

Form **1040** Department of the Treasury-Internal Revenue Service
U.S. Individual Income Tax Return 1991

For the year January-December 31 1991 or other tax year beginning 1991 ending 19 OMB No 1545-0074

Your first name and initial: JAMES L. BACCHUS
Last name
Your social security number: 261-86-5915

If a joint return, spouse's first name and initial: REBECCA M. BACCHUS
Last name
Spouse's social security no.: 267-25-4799

Home address (number and street) (If you have a P O box see page 11) 4915 GRAN-LAC AVENUE
Apt no

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

City town or post office state and ZIP code (If you have a foreign address, see page 11) ORLANDO FLORIDA 32812

Presidential Election Campaign BACC ▶ Do you want $1 to go to this fund? X Yes No
If joint return, does your spouse want $1 to go to this fund? X Yes No
Note: *Checking "Yes" will not change your tax or reduce your refund.*

Filing Status (Check only one box)

1 Single
2 [X] Married filing joint return (even if only one had income)
3 Married filing separate return Enter spouse's social security number above and full name here ▶
4 Head of household (with qualifying person) (See page 12.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 Qualifying widow(er) with dependent child (year spouse died ▶ 19) (See page 12)

Exemptions (See page 12)

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a But be sure to check the box on line 33b on page 2
b [X] **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents.**

(1) Name (first initial and last name)	(2) Check if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1991
JOSEPH BACCHUS		593-64-8783	SON	12
JAMEY BACCHUS	X	591-13-3492	DAUGHTER	12

If more than six dependents, see page 13

No. of your children on 6c who: ● lived with you 2
● didn't live with you due to divorce or separation (see page 14)
No. of other dependents on 6c
Add numbers entered on lines above ▶ 4

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement check here ▶ [ ]
e Total number of exemptions claimed

Income

Attach Copy B of your forms W-2 W-2G and 1099-R here

If you did not get a W-2, see page 10

Attach check or money order on top of any forms W-2 W-2G or 1099-R

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*		7	113,980.
8a	**Taxable** interest income *(also attach Schedule B if over $400)*		8a	2,672.
b	**Tax-exempt** interest income (see pg 16) DON'T include on line 8a	8b		
9	Dividend income *(also attach Schedule B if over $400)*		9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 16		10	
11	Alimony received		11	
12	Business income or (loss) *(attach Schedule C)*		12	
13	Capital gain or (loss) *(attach Schedule D)*		13	
14	Capital gain distributions not reported on line 13 (see page 17)		14	
15	Other gains or (losses) *(attach Form 4797)*		15	
16a	Total IRA distributions	16a	16b Taxable amount	16b
17a	Total pensions and annuities	17a 23,941.	17b Taxable amount	17b 4,927.
18	Rents, royalties, partnerships, estates, trusts, etc *(attach Schedule E)*		18	
19	Farm income or (loss) *(attach Schedule F)*		19	
20	Unemployment compensation (insurance) (see page 18)		20	
21a	Social security benefits	21a	21b Taxable amount	21b
22	Other income (list type and amount)		22	
23	Add the amounts shown in the far right column for lines 7 through 22 This is your **total income** ▶		23	121,579.

Adjustments to Income (See page 19.)

24a	Your IRA deduction from applicable worksheet on page 20 or 21	24a		
b	Spouse's IRA deduction, from applicable worksheet on page 20 or 21	24b		
25	One-half of self-employment tax (see page 21)	25		
26	Self-employed health insurance deduction, from worksheet on pg 22	26		
27	Keogh retirement plan and self-employed SEP deduction	27		
28	Penalty on early withdrawal of savings	28		
29	Alimony paid. Recipient's SSN ▶	29		
30	Add lines 24a through 29		▶ 30	

Adjusted Gross Income

31	Subtract line 30 from line 23 This is your **adjusted gross income.** *If this amount is less than $21,250 and a child lived with you see page 45 to find out if you can claim the "Earned Income Credit" on line 56*	▶ 31	121,579.

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STIBIO 10-24-91

3 [illegible]

JAMES L. & REBECCA M. BACCHUS 261-86-5915

Form 1040 (1991) Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	121,579.
	33a	Check if ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b		
If you want the IRS to figure your tax, see page 24	c	If you are married filing separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 23 and check here ▶ 33c		
	34	Enter the larger of your: Itemized deductions (from Schedule A, line 28) OR Standard deduction (shown below for your filing status) **Caution:** *If you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero.* ● Single — $3,400 ● Head of household — $5,000 ● Married filing separately — $2,850 ● Married filing jointly or Qualifying widow(er) — $5,700	34	17,563.
	35	Subtract line 34 from line 32	35	104,016.
	36	If line 32 is $75,000 or less, multiply $2,150 by the total number of exemptions claimed on line 6e. If line 32 is over $75,000, see page 24 for the amount to enter	36	8,600.
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	95,416.
	38	Enter tax: Check if from a ☐ Tax Table, b [X] Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 ▶ e)	38	22,694.
	39	Additional taxes (see page 24). Check if from a ☐ Form 4970 b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	22,694.
Credits (See page 25.)	41	Credit for child and dependent care expenses (*attach Form 2441*) 41		
	42	Credit for the elderly or the disabled (*attach Schedule R*) 42		
	43	Foreign tax credit (*attach Form 1116*) 43		
	44	Other credits (see pg. 25): Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) 44		
	45	Add lines 41 through 44	45	
	46	Subtract line 45 from line 40. (If line 45 is more than line 40, enter -0-.) ▶	46	22,694.
Other Taxes	47	Self-employment tax (*attach Schedule SE*)	47	
	48	Alternative minimum tax (*attach Form 6251*)	48	
	49	Recapture taxes (see page 26). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
	50	Social security and Medicare tax on tip income not reported to employer (*attach Form 4137*)	50	
	51	Tax on an IRA or a qualified retirement plan (*attach Form 5329*)	51	
	52	Advance earned income credit payments from Form W-2	52	
	53	Add lines 46 through 52. This is your **total tax** ▶	53	22,694.
Payments Attach Forms W-2, W-2G, and 1099-R to front.	54	Federal income tax withheld (if any is from Form(s) 1099, check ▶ ☐) 54 26,792.		
	55	1991 estimated tax payments and amount applied from 1990 return 55		
	56	**Earned income credit** (*attach Schedule EIC*) 56		
	57	Amount paid with Form 4868 (extension request) 57		
	58	Excess social security, Medicare, and RRTA tax withheld (see page 27) 58		
	59	Other payments (see page 27). Check if from a ☐ Form 2439 b ☐ Form 4136 59		
	60	Add lines 54 through 59. These are your **total payments** ▶	60	26,792.
Refund or Amount You Owe	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61	4,098.
	62	Amount of line 61 to be **REFUNDED TO YOU** ▶	62	4,098.
	63	Amount of line 61 to be **APPLIED TO YOUR 1992 ESTIMATED TAX** ▶ 63		
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1991 Form 1040" on it	64	
	65	Estimated tax penalty (see page 28). Also include on line 64 65		

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature: James L. Bacchus	Date: 4/10/92	Your occupation: MEMBER OF CONGRESS
Spouse's signature (if joint return, BOTH must sign): Rebecca M. Bacchus	Date: 4/10/92	Spouse's occupation: ADVERTISING

Paid Preparer's Use Only

Preparer's signature: David J. Blakeslee	Date: 04/07/92	Check if self-employed ☐	Preparer's social security no.: 267-02-1027
Firm's name (or yours if self-employed) and address: SINES, GIRVIN & BLAKESLEE CPA'S P.A. 800 SOUTH DILLARD STREET WINTER GARDEN, FLORIDA		E.I. No. 59-1567188	ZIP code 34787

W788

SCHEDULES A&B (Form 1040)
Department of the Treasury Internal Revenue Service

Schedule A – Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No 1545-0074
1991
Attachment Sequence No 07

Name(s) shown on Form 1040: JAMES L. & REBECCA M. BACCHUS

Your social security number: 261-86-5915

Medical and Dental Expenses		**Caution:** *Do not include expenses reimbursed or paid by others.*			
	1	Medical and dental expenses. (See page 38.)	1		
	2	Enter amount from Form 1040, line 32 [2]			
	3	Multiply line 2 above by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-		▶ 4	
Taxes You Paid (See page 38.)	5	State and local income taxes	5		
	6	Real estate taxes	6	1,583.	
	7	Other taxes. (List – include personal property taxes.) ▶	7		
	8	Add lines 5 through 7. Enter the total		▶ 8	1,583.
Interest You Paid (See page 39.)	9a	Home mortgage interest and points reported to you on Form 1098	9a	9,319.	
	b	Home mortgage interest not reported to you on Form 1098. (If paid to an individual, show that person's name and address.) ▶	9b		
Note: Personal interest is no longer deductible	10	Points not reported to you on Form 1098. (See instructions for special rules.)	10		
	11	Investment interest (attach Form 4952 if required). (See page 40.)	11		
	12	Add lines 9a through 11. Enter the total		▶ 12	9,319.
Gifts to Charity (See page 40.)		**Caution:** *If you made a charitable contribution and received a benefit in return, see page 40.*			
	13	Contributions by cash or check	13	1,792.	
	14	Other than cash or check. (You **MUST** attach Form 8283 if over $500.)	14		
	15	Carryover from prior year	15		
	16	Add lines 13 through 15. Enter the total		▶ 16	1,792.
Casualty and Theft Losses	17	Casualty or theft loss(es) (attach Form 4684). (See page 40.)		▶ 17	
Moving Expenses	18	Moving expenses (attach Form 3903 or 3903F). (See page 41.)		▶ 18	
Job Expenses and Most Other Miscellaneous Deductions (See page 41 for expenses to deduct here.)	19	Unreimbursed employee expenses – job travel, union dues, job education, etc. (You **MUST** attach Form 2106 if required. See instructions.) ▶ From Form 2106	19	7,398.	
	20	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶ Tax Return Preparation Fee 550.	20	550.	
	21	Add lines 19 and 20	21	7,948.	
	22	Enter amount from Form 1040, line 32 [22] 121,579.			
	23	Multiply line 22 above by 2% (.02)	23	2,432.	
	24	Subtract line 23 from line 21. Enter the result. If less than zero, enter -0-		▶ 24	5,516.
Other Miscellaneous Deductions	25	Other (from list on page 41 of instructions). List type and amount ▶		▶ 25	
Total Itemized Deductions	26	● If the amount on Form 1040, line 32, is $100,000 or less ($50,000 or less if married filing separately), add lines 4, 8, 12, 16, 17, 18, 24, and 25. Enter the total here. ● If the amount on Form 1040, line 32, is more than $100,000 (more than $50,000 if married filing separately), see page 42 for the amount to enter. **Caution:** *Be sure to enter on Form 1040, line 34, the* **LARGER** *of the amount on line 26 above or your standard deduction.*		▶ 26	17,563.

Limited by AGI

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1991

Schedules A&B (Form 1040) 1991 — OMB No 1545-0074 — Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on Page 1) — Your social security number

JAMES L. & REBECCA M. BACCHUS — 261-86-5915

Schedule B–Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 43), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 43.

(See pages 16 and 43.) Interest Income		Amount
1 Interest income. (List name of payer - if any interest income is from seller-financed mortgages, see instructions and list this interest first.) ▶		
(T) STATE FARM		35.
(T) SUN BANK		2,637.
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.	1	
2 Add the amounts on line 1	2	2,672.
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	2,672.

Part II Dividend Income

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 43.

(See pages 16 and 43.) Dividend Income		Amount
5 Dividend income. (List name of payer-include on this line capital gain distributions, nontaxable distributions, etc.) ▶		
Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.	5	
6 Add the amounts on line 5. Enter the total	6	
7 Capital gain distributions. Enter here and on Schedule D* — 7		
8 Nontaxable distributions. (See the instructions for Form 1040, line 9.) — 8		
9 Add lines 7 and 8	9	
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	

**If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040 lines 13 and 14.*

Part III Foreign Accounts and Foreign Trusts

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

	Yes	No
11a At any time during 1991, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 43 for exceptions and filing requirements for Form TD F 90-22.1.)		X
b If "Yes," enter the name of the foreign country ▶		
(See page 43.) 12 Were you the grantor of, or transferor to, a foreign trust that existed during 1991, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

For Paperwork Reduction Act Notice, see Form 1040 instructions.

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Form **2106**
Department of the Treasury
Internal Revenue Service

Employee Business Expenses

▶ See separate instructions.
▶ Attach to Form 1040.

OMB No 1545-0139
1991
Attachment Sequence No **54**

Your name	Social security number	Occupation in which expenses were incurred
JAMES L. BACCHUS	261-86-5915	CONGRESSIONAL REP

Part I Employee Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and local transportation, including train, bus, etc	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	442.	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment See Schedule #1	4	5,910.	
5 Meals and entertainment expenses	5		1,307.
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	6,352.	1,307.

Note: *If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.*

STEP 2 Enter Amounts Your Employer Gave You For Expenses Listed In STEP 1			
7 Enter amounts your employer gave you that were **not** reported to you in Box 10 of Form W-2. Include any amount reported under code "L" in Box 17 of your Form W-2	7		

STEP 3 Figure Expenses To Deduct on Schedule A (Form 1040)			
8 Subtract line 7 from line 6	8	6,352.	1,307.
Note. *If **both columns** of line 8 are zero **stop here.** If Column A is less than zero, report the amount as income and enter -0- on line 10. Column A. See the instructions for how to report*			
9 Enter 20% (.20) of line 8, Column B	9		261.
10 Subtract line 9 from line 8	10	6,352.	1,046.
11 Add the amounts on line 10 of both columns and enter the total here **Also enter the total on Schedule A (Form 1040), line 19.** (Qualified performing artists and individuals with disabilities, see the instructions for special rules on where to enter the total.) ▶	11		7,398.

For Paperwork Reduction Act Notice, see instructions.
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JAMES L. BACCHUS 261-86-5915

Form 2106 (1991) Page 2

Part II **Vehicle Expenses (See instructions to find out which sections to complete.)**

Section A. – General Information

		(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3
12 Enter the date vehicle was placed in service	12	/ /	/ /	/ /
13 Total mileage vehicle was used during 1991	13			
14 Miles included on line 13 that vehicle was used for business	14			
15 Percent of business use (divide line 14 by line 13)	15	%	%	%
16 Average daily round trip commuting distance	16			
17 Miles included on line 13 that vehicle was used for commuting	17			
18 Other personal mileage (add lines 14 and 17 and subtract the total from line 13)	18			

19 Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No

20 If your employer provided you with a vehicle, is personal use during off duty hours permitted? ☐ Yes ☐ No ☐ Not applicable

21a Do you have evidence to support your deduction? ☐ Yes ☐ No 21b If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. – Standard Mileage Rate (Use this section only if you own the vehicle.)

22 Multiply line 14 by 27.5¢ (.275). Enter the result here and on line 1. (Rural mail carriers, see instructions.) 22

Section C. – Actual Expenses

		(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3
23 Gasoline, oil, repairs, vehicle insurance, etc	23			
24a Vehicle rentals	24a			
b Inclusion amount	24b			
c Subtract line 24b from line 24a	24c			
25 Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)	25			
26 Add lines 23, 24c, and 25	26			
27 Multiply line 26 by the percentage on line 15	27			
28 Enter amount from line 38 below	28			
29 Add lines 27 and 28. Enter total here and on line 1	29			

Section D. – Depreciation of Vehicles (Use this section only if you own the vehicle.)

		(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3
30 Enter cost or other basis	30			
31 Enter amount of Section 179 deduction	31			
32 Multiply line 30 by line 15. (See instructions if you elected the Section 179 deduction.)	32			
33 Enter depreciation method and percentage	33			
34 Multiply line 32 by the percentage on line 33	34			
35 Add lines 31 and 34	35			
36 Enter the limitation amount from the table in the line 36 instructions	36			
37 Multiply line 36 by the percentage on line 15	37			
38 Enter the **smaller** of line 35 or line 37. Also enter the amount on line 28 above	38			

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JAMES L. & REBECCA M. BACCHUS SSN: 261-86-5915 Page 1

SCHEDULE 1 - Other Non-Auto Expenses

Description	Amount
OFFICE SUPPLIES	219
POSTAGE	224
PUBLICATIONS	515
WASHINGTON D.C. LIVING EXPENSES LIMITED UNDER IRC SECTION 162 (a) SEE ATTACHED WORKSHEET	4,952
	5,910

James & Rebecca Bacchus
Worksheet for Computation of Allowable
Washington D.C. Living Expenses

		AGI from Federal Return	121,579	
			=========	
Part I				
	1(a)	Away from Home Lodging	8,918	
	1(b)	80% of AFH Meals	3,264	
	1(c)	Total		12,182
	1(d)	2 % of AGI	2,432	
		Proportional Computation		
	1(e)	Line 1(c) divided by 1(c) & 2(a)	80.26%	
	1(f)	Line 1(e) times 1(d)		1,952
	1(g)	Subtract Line 1(f) from 1(c)		10,230
	1(h)	Lessor of Line 1(g) or $ 3,000		3,000
	1(i)	Amount of Away from Home Living Expenses to net to allowable $3,000 (Lines 1(h) plus 1(f))		4,952
		Amount Carried to Form 2106		=========
Part II				
	2(a)	Total other Misc Deductions		2,996
		Form 2109 - $ 2446 Schedule A - $ 550		
	2(b)	2 % of AGI		2,432
		Proportional Computation		
	2(c)	Line 2(a) divided by 1(c) & 2(a)	19.74%	
	2(d)	Line 2(c) times 2(b)		480
	2(e)	Subtract Line 2(d) from 2(a)		2,516
Part III		Recomputation for Schedule A		
	3(a)	Add Lines 1(h) and 2(e)		5,516
	3(b)	2 % of AGI		2,432
	3(c)	Add lines 3(a) & 3(b)		7,948

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FRAILEY & WILSON INC PROFIT SHARING PLAN 837 No Garland Ave Orlando, FL 32801	$ 50.05	1991	
	2a Taxable amount $ 50.05		
	2b Taxable amount not determined ☐	Total distribution ☒	
PAYER'S Federal identification number: 59-2082256 / RECIPIENT'S identification number: 267 25 4799	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return.
RECIPIENT'S name REBECCA M. BACCHUS	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 4915 Gran Lac Ave	7 Distribution code: 1 / IRA/SEP ☐	8 Other %	
City, state, and ZIP code Orlando, FL 32812	9 Your percentage of total distribution %		This information is being furnished to the Internal Revenue Service.
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	
	12 Local income tax withheld $	13 Name of locality	

Form 1099-R (Replaces Form W-2P) — Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked) — PRESORTED

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB NO. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
AKERMAN ETAL INTEGRATED PROFIT SHARING PLAN SUN BANK,N A EMP BEN FED W/H ACT POST OFFICE BOX 3808 ORLANDO FL 32802	$ 18964.46	1991 Form 1099-R (Replaces Form W-2P)	
	2a Taxable amount $ 18964.46		
	2b Taxable amount not determined ☐	Total distribution ☒	
PAYER'S Federal identification number: 59-6903974 / RECIPIENT'S identification number: 261-86-5915	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $ .00	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return.
Recipient's name, address, and ZIP code JAMES L BACCHUS 4915 GRAN-LAC AVE BELLE ISLE FL 32812	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
	7 Distribution code: 1 / IRA/SEP ☐	8 Other %	
	9 Your percentage of total distribution 100 %		This information is being furnished to the Internal Revenue Service.
Account number (optional) 08001091	10 State income tax withheld $ .00	11 State/Payer's state number FL	
	12 Local income tax withheld $	13 Name of locality	Department of the Treasury-Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code AKERMAN, SENTERFITT & EIDSON 255 S. ORANGE AV. SUITE 1700 ORLANDO, FL 32801	1 Gross distribution $ 4,927.23 2a Taxable amount $ 4,927.23	OMB No 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐	Total distribution ☐	
PAYER'S Federal identification number 59-0658622 / RECIPIENT'S identification number 261-86-5915	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	**Copy B** **Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return.**
RECIPIENT'S name JAMES L. BACCHUS	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 4915 GRAN-LAC AV.	7 Distribution code 7 / IRA/SEP ☐	8 Other %	
City, state, and ZIP code BELLE ISLE, FL 32812	9 Your percentage of total distribution %		This information is being furnished to the Internal Revenue Service.
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	
	12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) — Department of the Treasury - Internal Revenue Service

2 Employer's name, address, and ZIP code SERGEANT AT ARMS U.S. HOUSE OF REPRESENTATIVES WASHINGTON DC 20515		6 Statutory employee / Decease. / Pension plan X / Leg. rep. / Hi. emp. / Subtotal / Deferred compensation / Third-party sick pay	
		7 Allocated tips .00	8 Advance EIC payment .00
		9 Federal income tax withheld 26792.30	10 Wages, tips, other compensation 113980.00
3 Employer's identification number 53-6002522	4 Employer's state I.D. number	11 Social security tax withheld 3310.80	12 Social security wages 53400.00
5 Employee's social security number 261-86-5915		13 Social security tips .00	14 Medicare wages and tips 113980.00
19 Employee's name, address, and ZIP code JAMES L. BACCHUS		15 Medicare tax withheld 1652.69	16 Nonqualified plans .00
		17 See instrs. for Box 17 .00 .00 .00	18 Other .00 .00 .00
20	21	22 Dependent care benefits .00	23 Benefits included in Box 10 .00

24 State income tax	25 State wages, tips, etc.	26 Name of state	27 Local income tax	28 Local wages, tips, etc.	29 Name of locality
.00	113980.00	FL	.00	.00	

Copy B To Be Filed With Employee's FEDERAL Tax Return — Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement 1991

This information is being furnished to the Internal Revenue Service

92 MAY 14 PM 2 32

PERSONAL FINANCIAL STATEMENT

HAND DELIVERED

Name: Jim Bacchus
Residence: 4915 Gran-Lac Avenue
Belle Isle, Fl 32812
Position: Member of Congress

Name: Rebecca Bacchus
Residence: 4915 Gran-Lac Avenue
Belle Isle, Fl 32812

Statement of Financial Condition as of May 1992

Assets	In Dollars
Cash on hand and in banks - List on Sched. E	142,891.00
Securities and stocks - List on Sched. A	0.00
Real Estate Owned - List on Sched. C	142,000.00
Automobiles - List on Sched. G	8,000.00
Cash value - life insurance - list on Sched. D	759.83
Other assets - (Furniture, Personal)	35,000.00
US House of Rep. retirement fund	2,178.48
Thrift Savings Plan for Fed Employees	3,902.32
Retirement/ASE*	*25,721.00
Income tax refund due	4,098.00
TOTAL ASSETS	364,550.63

Liabilities	In Dollars
Notes payable to Financial Institutions - List on Sched. F	0.00
Accounts and bills due - Sched. B	0.00
Real estate mortgages payable - List on Sched. C	88,776.37
Automobiles - List on Sched. G	2,704.47
TOTAL LIABILITIES	91,480.00
NET WORTH	273,070.63

*Resigned from firm effective 12-31-90. Retirement income being paid in accordance with partnership agreement.

SCHEDULE A - SECURITIES AND STOCKS

NONE

SCHEDULE B - ACCOUNTS AND BILLS DUE

Miscellaneous credit card and other bills	0.00

SCHEDULE C - REAL ESTATE OWNED

Address and Type of Property	Mortgagor	% of Ownership	Date Acquired	Cost
Home: 4915 Gran-Lac Avenue	Suntrust	100	12-84	111,000
Unimproved real estate in Bradford County	None	50 (undivided)	1960's	Gift

	Market Value	Mortgage Balance	Monthly Payment
Home: 4915 Gran-Lac Avenue	140,000	88,776.37	868.99
Bradford real estate	2,000	None	None

SCHEDULE D - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Ins. Co.	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surr. Value
Delaware Amer.	James	Rebecca	100,000	0.00	0.00
Delaware Amer.	Rebecca	James	100,000	0.00	0.00
Fed. Employees Group Life Ins.	James	Rebecca	431,200	0.00	0.00
State Farm	James/ Rebecca	Rebecca/ James	100,000	0.00	759.83

SCHEDULE E - CASH ON HAND AND IN BANKS

Name of Institution	Type of Ownership	On Deposit
SunTrust	Joint Money Market	95,173.36
SunTrust	Joint Checking	1,484.00
SunTrust	IRAs (CDs) (James/ Rebecca)	5,659.82
SunTrust	Savings	286.00
SunTrust	Passbook IRAs (James/ Rebecca)	40,287.82
CASH ON HAND		142,891.00

SCHEDULE F - LOANS DUE TO FINANCIAL INSTITUTIONS

NONE

SCHEDULE G - AUTOMOBILES

	Est. Value	Amt. Owned
1985 Chevrolet Cavalier Station Wagon	2,500	0.0
1989 Chevrolet Corsica	5,500	*2,704.47

*To GMAC (Monthly payment of $264.08)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 14 PM 2 21

(6)

HAND DELIVERED

MC

(Office Use Only)

Richard Hugh Baker
(Full Name)

404 Cannon House Office Building
(Mailing Address)

202-225-3901
Telephone

Washington, D.C. 20515

Filer Status	X Member of the U.S. House of Representatives	State: Louisiana District: 06	☐ Officer or Employee	Employing Office
Report Type	X Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA
	1884 Shoppe	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Richard Hugh Baker

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock		X									X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	LPB Minerals		x										x									x									
	Glacier Technology						x													x											
	Scenic Investments East Baton Rouge Parish Real Eastate				x															x											
	1884 Shoppe (Baton Rouge, LA)					x							x						See Pt. 1												
	K's Louisiana Market (Baton Rouge, LA)						x						x						See Pt. 1												
	Baker Agency, Inc.					x														x											

For additional assets and unearned income, use next page

Reporting Individual's Name

Richard Hugh Baker

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Glacier, Inc.		x		05/15/91		x					
	Baker Agency, Inc. - Lot 22, Tanglewood - Office (no brokering)	x			1~~5~~/19/91		x					

Financial Disclosure A-3

Reporting Individual's Name
Richard Hugh Baker

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Hancock Bank, Baton Rouge, Louisiana	Business Loan			X				
	Sunburst Bank, Baton Rouge, Louisiana	Business Loan	X						
	City National Bank, Baton Rouge, Louisiana	Business Loan			X				
	Guaranty Bank, Baton Rouge, Louisiana	Business Loan		X					

Reporting Individual's Name: Richard Hugh Baker

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [x]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
First National Banker's Bank		July 4-6'91	FNBB Conference Sandestin, Florida lodging, self and spouse	
Congressional Charity Golf Tourn.		Sept.6-8 '91	Roundtrip bus transportation, lodging, tournament regist.& food The Greenbriar, White Sulphur Springs, WV, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Richard Hugh Baker

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Partner	LPB Minerals (see Part II)
Partner	Scemic Investments (see Part II)
Officer	Baker Agency, Inc. (uncompensated)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard H Baker	5/15/92

GPO: 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(25)

92 3

HAND DELIVERED

Thomas Cass Ballenger
(Full Name)

867 20th Avenue Drive, NW
(Mailing Address)

Hickory, NC 28601
Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Plastic Packaging, Inc. - Family Business	Salary Exempt from Rule XLVII	20,344
	Plastic Packaging, Inc.	Spouse Salary	N/A
	Tarheel Packaging	Commission Spouse	N/A
	Catawba Memorial Hospital	Director's Fees - Spouse	N/A
	N.C. Retirement System	Pension	3,565
	Anchor National Life Insurance	Pension	2,825

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
T. CASS BALLENGER

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Printing Industries of America, Washington, D.C.	Speech	May 1, 1991	$ 500
	Sewn Products Equipment Suppliers Association, Wash., DC	Speech	May 16, 1991	$ 500
	Process Equipment Manufacturers Association, Wash., DC	Speech	May 28, 1991	$1,000
	Gov't Affairs Conf of the American Road & Transportation Bldgs Association, Wash., DC	Speech	June 25, 1991	$1,000
	Taft Institute of Gov't, Charlotte, NC	Speech	July 16, 1991	$ 50
	Meat Industries Suppliers Association, Wash., DC	Speech	Sept. 19, 1991	$ 500

Reporting Individual's Name

T. CASS BALLENGER

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)											
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
JT	Charles R. Young, Sr. Apt Sale note					X										X							X									
	Congress Fed Credit Union - Bank Acct							X								X							X									
S	North Carolina Medical Care Comm Bond					X										X						X										
S	North Carolina Muni Pwr Agency Bonds						X									X							X									
JT	NCNB - Bank Accts						X									X								X								
	Raymond James - Brokerage Acct												*			X						X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
T. CASS BALLENGER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Raymond James - Brokerage Acct										*			X						X								
JT	Bank of Granite - Bank Acct				X									X							X							
S	Raymond James - Municipal Interest										*			X								X						
	FPA Parament Trust			X								X								X								
S	Heritage Cash Trust				X							X								X								
	Heritage Cash Trust			X								X								X								
S	Plastic Packaging						X					X										X						
	Plastic Packaging									X		X													X			
	Patriot Premium Div. Fund	X										X								X								
	Raymond James - Brokerage Acct.										*	X										X						
S	Raymond James - Brokerage Acct.										*	X								X								
S	Windsor Fund			X								X								X								
S	Heritage Cash Trust				X							X									X							
S	Alliance World Income Trust				X							X									X							
S	Phoenix Funds - Capital Apprec.			X								X								X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. CASS BALLENGER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	Raymond James - Brokerage Acct.										*	X											X					
	FPA Parament Fund										A				X						X							
	Raymond James - Brokerage Acct.										*				X						X							
S	Windsor Fund										A				X						X							
	American Real Estate Partners										A				X				X									
	Patriot Premium Dividend Fund II	X													X				X									
	Income Investors Partnership	X													X						X							
S	Student Loan Marketing	X													X						X							
	Pelican - Perkin Evans		X															Royalties			X							
JT	Washington Apt. (Basement of home 450 New Jersey Ave.)							X					X									X						
	Oppenheimer - Brokerage Acct.										*	X								X								
S	GT Global - Latin Amer Gr Fd			X								X								X								
	GT Global - Latin Amer Gr Fd			X								X								X								
	Prudential Moneymarket		X									X								X								
	Nuveen Tax Exempt Bond Fund - 183Q		X												X				X									

(Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. CASS BALLENGER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Gov't Nat'l MTG Assn Pool	X													X			X										
S	Kemper Tax Exempt Income										A				X			X										
S	Alliance World Income Trust										A				X			X										
S	Archer-Daniels-Midland										A				X				X									
S	GTE Corp										A				X				X									
S	Time Warner										A				X				X									
S	Oak Plantation Assoc		X														Partnership		X									
	Oak Plantation Assoc		X														Partnership		X									
	AAI Forest Hills		X														Partnership		X									
	AAI Breckinridge		X														Partnership		X									
	AAI Four Seasons		X														Partnership		X									
	ARI Georgetown Square		X														Partnership		X									
	ARI Brentwood Highlands		X														Partnership		X									
	ARI Freeway Park				X												Partnership			X								
	Balmark Realty					X											Partnership		X									

(Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. CASS BALLENGER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Dyco Petro Co 1981-2		X															Partnership		X									
	Dyco Petro Co 1982-1		X															Partnership		X									
	Dyco Petro Co 1983-1		X															Partnership			X								
	Dyco Petro Co 1984-1		X															Partnership			X								
	Georgetown Square Group	X																Partnership		X									
S	Balmark Realty				X													Partnership		X									
S	McNeil Real Estate Fund XI, Ltd		X															Partnership			X								
	Cady Associates		X															Partnership		X									
S	Cimarron Prairie Ltd		X															Partnership		X									
	Southern Inn Associates			X														Partnership		X									
	Hunter Publishing		X															Partnership		X									
	Prutech Research & Development		X															Partnership			X								
	Pelican - Memphis #6		X															Royalties		X									
	American Gov't Income Portfolio				X													@											
	BB&T Financial Corp			X														@											

(Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. CASS BALLENGER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CCAIR, Inc.			X														@												
	Engraph, Inc.			X														@												
	Lamonts Corp.			X														@												
	Rockefeller CTR Properties			X														@												
	Wachovia Corp.			X														@												
S	Avon Products			X														@												
S	Bristol Meyers Squibb Co.			X														@												
S	Cellular Communications Intl Pfd			X														@												
S	Cellular Communications Intl		X															@												
S	Centel Corp			X														@												
S	Coca Cola Co.			X														@												
S	Federal National Mtg Assn			X														@												
S	Gannett, Inc.			X														@												
S	Gillette Co.			X														@												
S	Nat'l Health Labs			X														@												

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. CASS BALLENGER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Ocom Corp		X															@											
S	Paramount Communications			X														@											
S	Schering Plough Corp			X														@											
S	Service Corp Intl			X														@											
S	Telecommunications CLA A			X														@											
S	Telephonos De Mexico CU SA			X														@											
S	Telephone Data Systems			X														@											
S	UNOCAL Corp			X														@											
S	Warner Lambert Co.			X														@											
S	Comcast Corp CL A			X														@											
S	American Telephone & Telegraph			X														@											
S	Archer-Daniels-Midland			X														@											
S	Attwoods PLC Adr			X														@											
S	Bank of Granite Corp				X													@											
S	GTE Corp				X													@											

(Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. CASS BALLENGER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	WR Grace & Company				X												@											
S	NCNB			X													@											
S	Pepsico			X													@											
S	Schering Plough Corp			X													@											
S	Southern National Corp NC			X													@											
S	Time Warner, Inc.			X													@											
S	Waste Management, Inc.			X													@											
S	Kemper Tax Exempt, Inc.			X													@											
S	Nuveen Tax Exempt Unit Trust - 87Q			X													@											
S	Homestead FL Electric & Water Bond			X													@											
S	Anderson County, TN Bond			X													@											
S	Gov't Nat'l Mtg Assn Pool			X													@											
	Gov't Nat'l Mtg Assn Pass Thru				X												@											
	Plastic Packaging, Inc. ESOP						X										N/A											
	Plastic Packaging, Inc. 401(k)			X													N/A											

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. CASS BALLENGER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Plastic Packaging, Inc. 401(k)		X															N/A											
S	J.C. Bradford IRA				X													N/A											
	IRA Delaware Charter		X															N/A											
	IRA Resources Trust							X										N/A											
	IRA Delaware Charter							X										N/A											
	* - Brokerage account, Value for stock listed elsewhere																												
	@ - Stock held by brokerage account, income listed with brokerage account																												
	A - Value listed elsewhere in this schedule																												

Reporting Individual's Name

T. CASS BALLENGER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
T	Income Investors Partnership		X		12-4-91	X						
S	Student Loan Marketing		X		11-8-91	X						
T	American Real Estate Partners		X		1-24-91	X						
T	Patriot Premium Div Fund II		X		3-25-91		X					
S	Nuveen Tax Exempt Bond Fund		X		Various	X						
S	Gov't Nat'l Mtg Assn Pool		X		Various	X						
S	Kemper Tax Exempt Income		X		Various	X						
S	Alliance World Income Trust		X		6-26-91		X					
JT	Installment Sale of Apartments sold on 11-30-89		X		-	X						
	American Govt Portfolio	X			Various		X					
	CCAIR, Inc.	X			4-15-91	X						
	Federal National Mortgage Assn	X			7-16-91		X					
	Engraph, Inc.	X			8-20-91	X						
	G.T. Latin America	X			10-4-91	X						
S	Time Warner pfd	X			4-15-91	X						
S	Phoenix Cap Apprec	X			4-15-91	X						
S	Alliance World Income Trust	X			5-30-91		X					

Reporting Individual's Name
T. CASS BALLENGER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	G.T. Latin America	X			10-14-91	X						
S	Avon Prods Inc.	X			7-11-91	X						
S	Bristol Myers Squibb	X			7-11-91	X						
S	Centel Corporation	X			7-11-91	X						
S	Cellular Communications Inc.	X			7-11-91	X						
S	Federal Nat'l Mtg Assn	X			7-11-91	X						
S	Gannett, Inc.	X			7-11-91	X						
S	Gillette Co.	X			7-11-91	X						
S	Schering Plough Corp	X			7-11-91	X						
S	Unocal Corp Del	X			7-11-91	X						
S	Warner Lambert Co.	X			7-11-91	X						
S	Comcast Corp	X			7-11-91	X						
S	Coca Cola Co.	X			7-11-91	X						
S	Paramount Communications Inc.	X			7-11-91	X						
S	Service Corp International	X			7-11-91	X						
S	Tele-communications Inc. CLA	X			7-11-91	X						
S	Student Loan Marketing Assn	X			7-17-91	X						

Reporting Individual's Name
T. CASS BALLENGER

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	National Health Labs	X			11-20-91	X						
S	Telefones de Mexico	X			12-18-91	X						
S	Telephone & Data Systems	X			12-31-91	X						
S	GTE stock acquired through merger with Contel.			X	4-91	N/A						
	All Contel stock redeemed for GTE stock.											

Reporting Individual's Name

T. CASS BALLENGER

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Meridian Mtg	Mortgage on Washington home				X			

Reporting Individual's Name
T. CASS BALLENGER

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
FUNDESA		Jan 3-8, 1991	Round trip Air from Wash. D.C. to Guatemala, self and spouse, election observers	
FUNDESA		Jan 3-8, 1991	Food and Lodging for 6 days, self and spouse, election observers	X
NRIIA		Mar 8-11, 1991	Roundtrip Air from Wash. D.C. to San Salvador, 4 days food and lodging, self	
			and spouse, election observers	X
The Congressional Institute		Mar. 14-16, 1991	Transportation, meals and lodging for 3 days, self and spouse, Princeton Conf.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
T. CASS BALLENGER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
	See Schedule

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	See Attached Letter	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U.S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Thomas Cass Ballenger	4/3/91

BALLENGER, T. CASS

Form A, Section VIII, Position:

Positions	Name of Organization
Chairman of the Board	Plastic Packaging, Inc.
General partner	Balmark Realty
Limited partner	Associated Realty investors
Limited partner	Associated Apartment Investors
Limited partner	Hunter Publishing Limited
General partner	Georgetown Square Group
Limited partner	Southern Inns Associates LTD.
Limited partner	Cady Associates LTD.
Limited partner	Oak Plantation Associated LTD.
Limited partner	Prutech Research & Development Partnership
President	Ballenger Foundation, Non-Profit Foundation
Limited partner	Dyco Petroleum

CASS BALLENGER
10TH DISTRICT, NORTH CAROLINA

218 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-2576

COMMITTEES
EDUCATION AND LABOR
PUBLIC WORKS AND TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES
P.O. BOX 1830
381-10TH AVENUE DRIVE, NE
HICKORY, NC 28603
704-327-8100

P.O. BOX 978
418 SOUTH STREET
GASTONIA, NC 28053
704-864-8922

March 20, 1990

The Honorable Julian Dixon
Chairman
The Committee on Standards of
Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Julian:

I would appreciate clarification on limitations on outside earned income as it relates to a consulting fee I currently receive (see attached letter) from my company, in light of the changes mandated by the Ethics Reform Act of 1989 (Public Law 101-194).

As you can see from the attached letter, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my principal family investment and I view it important to remain associated with the business to assure that my investment is protected.

Please advise me relative to any exemption of these fees from the limits on outside income for calendar year 1990 as prescribed under clause 2(b)(1) of House Rule XLVII as revised by Public Law 101-194. Further, I would appreciate advice relative to this matter for calendar year 1991 and beyond.

If you have questions or need clarification on any point, please call me or have your staff contact my administrative assistant, Patrick Murphy, at 225-2576.

Thank you for your prompt attention to this matter.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pmm

Enclosure

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honorariums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
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(202) 225-7103

OCT 30 1990

JOHN T. MYERS, INDIANA
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CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
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FRED GRANDY, IOWA
RALPH L. LOTTER, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

The Honorable Cass Ballenger
U.S. House of Representatives
218 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting clarification of the limitations on outside earned income as it relates to a consulting fee you receive from your company. The Committee originally addressed this matter in a letter of February 25, 1987, a copy of which you enclosed with your correspondence.

You explain that while a Member of the House you have accepted $20,000 per year from Plastic Packaging, Inc., for as much as 400 hours of consulting services on implementation of corporate policy decisions. You founded the company and have retained controlling interest in it. It is your principal family investment and you continue to view it important to remain associated with the business to assure that your investment is protected. Consistent with Committee advice, this income has not been treated as subject to the earned income limit of House Rule XLVII. In light of the changes mandated by the Ethics Reform Act of 1989 (P.L. 101-194 as amended by P.L. 101-280), you ask if the Committee's earlier advice continues to apply to your situation.

In 1987, you told the Committee that you were Chairman of the Board of Plastic Packaging, Inc., in addition to being majority stockholder. Your Administrative Assistant, Patrick Murphy, has informed Committee Counsel Mark Davis that this continues to be the case. While the corporation does provide you with transportation to attend board meetings, you receive no compensation other than the $20,000 consulting fee.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit

will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

> [I]n the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502), provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not --

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;
>
> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Plastic Packaging, Inc., you are serving as Chairman of the Board but are receiving no compensation other than the consulting fee. (Your receipt of travel expenses to attend board meetings is not considered compensation.) You were paid by Plastic Packaging prior to your election to the House of Representatives, but the $20,000 consulting fee is significantly less than you had been receiving. In addition, the payment is consistent with the policy enunciated in House Rule XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that the services you perform for Plastic Packaging, Inc., and the specified compensation you receive, continue to fall within the cited exemption in House Rule XLVII. Furthermore, your

receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(15)

RECEIVED
1992 MAY 15 AM 10: 37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

D. Douglas Barnard, Jr.
(Full Name)

2227 Rayburn House Office Building Washington, D.C. 20515 202/225-4101
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Georgia District: 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Teacher's Retirement System of Georgia	Spouse Retirement	NA
	Social Security Benefits	Spouse	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

D. Douglas Barnard, Jr.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Lender's Services,Inc., Ft. Myers, Florida	Speech	2/14/91	$2,000.00
U.S. League of Savings Institutions, Washington, D.C.	Speech	3/7/91	$1250.00
Federal National Mortgage Association, Atlanta, GA	Speech	4/18/91	$2000.00
Bankers Association for Foreign Trade, Boca Raton, FLA	Speech	4/22/91	$2000.00

Reporting Individual's Name

D. Douglas Barnard, Jr.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	iii $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X									X								
	First Union National Bank	X												X							X									X
	Individual Retirement Account						X																	X						
	(Robinson-Humphrey. See attached																													
	schedule.)																													

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
D. Douglas Barnard, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
		Year End Value (X)									Type of Income (X)							Category of Amount of Income (X)										
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)

Reporting Individual's Name

D. Douglas Barnard, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	First Union National Bank		X		10/15/91	X						

Reporting Individual's Name

D. Douglas Barnard, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
D. Douglas Barnard, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [x]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Association of Home Builders		Jan.18-19, 1991	One night food and lodging for speech in Atlanta, GA.	
National Association of Realtors		Jan 31-Feb. 1, 1991	Airfare from Wash., D.C.-San Antonio, TX-Augusta, GA,	
			one night food and lodging for speech.	
Lender's Services, Inc.		Feb. 13-14, 1991	Roundtrip airfare from Augusta, GA to Ft. Myers, FLA,	
			one night food and lodging for speech.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
D. Douglas Barnard, Jr.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Southeastern Banking Law Institute	Feb. 14-15, 1991	One night food and lodging for speech in Atlanta, GA.	
Federal National Mortgage Assn.	Feb. 18-19, 1991	One night food and lodging for speech in Atlanta, GA.	
Bankers Assn. of Foreign Trade	Apr. 20-22, 1991	Airfare from Augusta, GA-West Palm Beach, FLA-Wash,D.C.,	
		two nights food and lodging for speech.	
Puerto Rican Bankers Association	Sept. 19-20, 1991	Roundtrip airfare Augusta,GA to San Juan, Puerto Rico,	
		one night food and lodging for speech.	

Reporting Individual's Name
D. Douglas Barnard, Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board Member	National Science Center Foundation Augusta, Georgia (uncompensated)
Board Member	Air Force Academy Board of Visitors Colorado Springs, Colorado (uncompensated)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
D Douglas Barnard Jr	5/15/92

GPO: 1991 50-287 (m)

SHEARSON LEHMAN BROTHERS

Preferred Client SEP Statement
December 1 - December 31, 1991

SS # 257-22-4858
Your Financial Consultant

NORMAN SCHAFFER
THE ROBINSON-HUMPHREY CO
608 BROAD STREET
AUGUSTA GA 30901
404-724-2601

Preferred Client Service Center 1-800-232-4454

Account number 417-67044-11 160
As you requested copies of this statement have also been sent to

ASSET ADVISORS CORP

*** D DOUGLAS BARNARD
SHEARSON AS SEP CUSTODIAN
15 INDIAN COVE RD
AUGUSTA GA 30909-3746

Account value

Money funds	$ 12,456.44
Stocks	31,987.50
Bonds	107,345.85
Certificates of deposit	45,000.00
Net value this period	**$ 196,789.79**
Net value last period	**$ 191,568.35**

Earnings summary

	This period	This year
Interest	$ 897.12	$ 12,358.53
Dividends	72.50	652.50
Money funds earnings	92.42	[illegible]
Total	**$ 1,062.04**	**$ 13,611.06**

Bulletin board

We Appreciate Your Business And Continued Confidence. *Your Financial Consultant and Shearson Lehman Brothers are fully committed to helping you achieve your financial goals in 1992 and beyond. Meeting your needs and earning your trust have been, and will continue to be, our top priorities.*

Year-End Account Summary Coming This Month. *For the first time, your year-end account summary has been combined with important tax information. This unique report can help you and your Financial Consultant plan your financial future.*

Combined cash and money funds balance

	Amounts added	Amounts subtracted	
Combined opening cash and money funds balance			**$ 13,394 40**
Deposits	200 00		
Withdrawals		-2 200 00	
Interest credited	897 12		
Dividends credited	72 50		
Money funds earnings reinvested	92 42		
Total	$ 1,262 04	$ -2 200 00	
Combined closing cash and money funds balance			**$ 12 456 44**

Money funds	12,456.44

IRA/SEP activity summary

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ed to your
/SEP

The IRS requires Shearson Lehman Brothers to report only the total amount contributed to your IRA during the calendar year. It is your responsibility to determine which contributions, if any, are deductible when you calculate your income tax. The designations shown below are based on information you provided to your Financial Consultant.

Employer's contributions

Description	Total
Contributions made in the prior calendar year	$ 6 800 00
Contributions made in the current calendar year	5 837 00

Employee's IRA contributions made under SEP Plan

Description	Deductible portion	Non-deductible portion	Unspecified	Total
Contributions for the current tax year	$ 0 00	$ 0 00	$ 0 00	$ 0 00

Employee's elective deferral (salary reduction) contributions

Contributions made in the current year	$ 0 00

ounts
ıdrawn
n your
/SEP

Distributions

Amounts paid to you in the current year	$ 18,500 00

Preferred Client SEP Statement
December 1 - December 31, 1991

00080101 00000836

*** D DOUGLAS BARNARD

Account number 417-67044-11 160

Portfolio details

This section shows the holdings in your account. It reflects values as of the close of business on 12/31/91

ney funds

Description	No. of shares	Market value	Average monthly yield	Comment
AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	12,456.44	$ 12,456.44	4.682%	
Total value of money funds		**$ 12,456.44**		

cks

Common stocks

Description	Exchange	No. of shares	Price	Yield	Anticipated income (annualized)	Market value	Comment
COCA-COLA CO	NYSE	200	$ 80.25	1.196%	$ 192.00	$ 16,050.00	Symbol KO/Rated A+
HARTFORD STEAM BOILER INSPECTION & INSURANCE CO	NYSE	200	57.50	3.478	400.00	11,500.00	Symbol HSB/Rated A-
HERSHEY FOODS CORP	NYSE	100	44.375	2.208	98.00	4,437.50	Symbol HSY Rated A+
Total value of stocks					**$ 690.00**	**$ 31,987.50**	

ds

Some bond values provided by outside pricing services may be inaccurate. They are provided only as a guide to determining portfolio value. For more specific values, please call your Financial Consultant.

Corporate bonds

Description	Amount	Interest rate	Maturity date	Price	Anticipated income (annualized)	Market value	Comment
GENERAL MOTORS ACCEPT CORP NOTES REG DTD 4/15/1987	$ 30,000.00	8.00%	04/15/94	104.152	$ 2,400.00	$ 31,245.60	Rated A1/A
ANHEUSER BUSCH CO INC NOTES REG-DTD 7/15/1990	25,000.00	8.75	07/15/95	108.383	2,187.50	27,095.75	Rated A1/AA-
SARA LEE CORP NOTES-REG DTD 9/1/1988	25,000.00	9.70	09/01/00	110.818	2,425.00	27,704.50	Callable** on 09/01/95 Call price $ 100.00 Rated A1/AA
Value of corporate bonds	**$ 80,000.00**				**$ 7,012.50**	**$ 86,045.85**	

SHEARSON LEHMAN BROTHERS

Preferred Client SEP Statement
December 1 - December 31, 1991

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** D DOUGLAS BARNA

Account number 417-67044-11 160

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U. S. Government and Federal Agency bonds

Description	Amount	Interest rate	Maturity date	Price	Anticipated income (annualized)	Market value	Comment
U S TREASURY NOTES-SER N-1996 DTD 4 30/1991	$ 20,000 00	7 625%	04/30/96	106 50	$ 1 525 00	$ 21,300 00	
Value of U S Government and Federal Agency bonds	**$ 20,000 00**				**$ 1 525 00**	**$ 21,300 00**	
Total value of bonds	**$ 100,000.00**				**$ 8 537 50**	**$ 107,345 85**	

**This bond may be subject to other call provisions. Please contact your Financial Consultant for further information*

tificates
eposit

Certificates of Deposit are federally insured to $100,000 combined principal and interest

Zero Coupon Certificates of Deposit are federally insured only to their accreted value up to $100,000 Accreted value may be higher or lower than current market value.

Description	Amount	Interest rate	Maturity date	Anticipated income (annualized)	Market value	Comment
MBNA AMERICA BANK,N.A.-DE 2 YEAR CD	$ 25,000.00	8 35%	10/01/92	$ 2,087 50	$ 25,000.00	Accrued interest of $ 531 89 Int paid semi-annually Mkt value figured at face amt
RIVER BANK AMERICA(EAST RVR)NY 5 YEAR CD	20,000 00	8.85	05/31/93	1,770 00	20,000.00	Accrued interest of $ 145 48 Int paid semi-annually Mkt value figured at face amt
Total value of certificates of deposit	**$ 45,000.00**			**$ 3,857 50**	**$ 45,000 00**	

Transaction details

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Date	Activity	Description	Quantity
12/20/91	Adjustment	PREMATURE DISTRIBUTION ADJUSTMENT OF -5000 00	
12/20/91	Adjustment	NORMAL DISTRIBUTION ADJUSTMENT OF 5000 00	

osits

Date	Description	Amount
12 24/91	SLB INVESTMENT INCOME CHECK REC D AT AUGUSTA, GA	$ 200 00

Preferred Client SEP Statement

December 1 - December 31, 1991

Account number 417-67044-11 160

drawals

Date	Description	Reference no	Amount
12/23/91	CHECK 0041726053 PAID BY AUGUSTA GA (R-H) 1991 NOMAL DISTRIBUTION NORMAL DISTRIBUTION		$ 200.00
12/24/91	CHECK 0041726071 PAID BY AUGUSTA GA (R-H) NORMAL DISTRIBUTION		2,000.00
Total withdrawals			**$ 2,200.00**

Earnings details

*The tax status of earnings is reliable to the best of our knowledge. **Taxable** and **non-taxable** designations refer to the federal income tax status of your securities, not of your account.*

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Date	Description	Taxable	Non-taxable	Comment	Amount
12/02/91	5 YEAR CERTIFICATE OF DEPOSIT RIVER BANK AMERICA(EAST RVR DUE 05/31/93 INTEREST PAID 185 DAYS INTEREST	$ 897.12			$ 897.12
Total interest earned		**$ 897.12**	**$ 0.00**		**$ 897.12**

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Date	Description	Taxable	Non-taxable	Comment	Amount
12/13/91	HERSHEY FOODS CORP CASH DIV ON 100 SHS RECORD 11/20/91 PAY 12/13/91	$ 24.50			$ 24.50
12/16/91	COCA COLA CO CASH DIV ON 200 SHS RECORD 12/01/91 PAY 12/15/91	48.00			48.00
Total dividends earned		**$ 72.50**	**$ 0.00**		**$ 72.50**

Preferred Client SEP Statement
December 1 - December 31, 1991

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*** D DOUGLAS BARNARD

Account number 417-67044-11 160

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Date	Description	Taxable	Non taxable	Comment	Amount
12/13/91	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	$ 64 13		Reinvested	$ 64 13
12/31/91	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	28 29		Reinvested	28 29
Total earnings from money funds		**$ 92 42**	**$ 0 00**		**$ 92 42**

Money funds details

All transactions are traded at $1 00 per share

ney funds
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Date	Activity	Description	Quantity	Amount
	Opening money funds balance			**$ 13,394 40**
12/13/91	Autoinvest	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	897 12	897 12
12/16/91	Autoinvest	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	24 50	24 50
12/17/91	Autoinvest	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	48 00	48 00
12/23/91	Redemption	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	200 00	200 00
12/24/91	Redemption	AMERICAN EXPRESS® GOVERNMENT AND AGENCIES FUND	1,800 00	-1,800 00
		MONEY FUNDS EARNINGS REINVESTED (SEE DETAILS UNDER EARNINGS DETAILS)	92 42	92 42
	Closing money funds balance			**$ 12,456 44**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

William E. Barrett
(Full Name)

505 West 17 Street — 308/324-6044
(Mailing Address) — Telephone

Lexington, NE 68850

Filer Status	[ ] Member of the U.S. House of Representatives [XX]	State Nebraska District 3	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [XXXX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
BARRETT

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples.	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
			Commercial Lot 9th and Lincoln Lexington, NE				X					None																		
			Cottonwood North (50% of partner 2100 Adams Place, Lexington ship)							X				X											X	X				
			Barrett-Housel Insurance Lex.,NE (50% of partnership)					X											xBus. Income						X	X				
			The Barrett Committee loan to campaign			X																								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Barrett

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Vistar Banks, Nebraska Accounts			X										XX							X							
Home Federal Savings, Nebraska Accounts			X										XX						X								
Farmers State Bank, Lex.,NE Accounts			X										XX							X							
Congressional Federal Credit Union Accounts		X											XX						X								
Kansas-Nebraska Gas Stock			X								X									X							
General Motors Preferred stock			X								X									X							
Farmers State Bank,Nebraska Stock				X							X											X					
Electronic Data Systems Stock		X									X							X									
6M Hughes Electronic Stock		X																X									
ChinAmerican Tech. stock		X																X									
Barrett-Housel Assoc.,Inc. Lexington, NE 68850				XX													sub S		X								

(Form A)

Page ___ of ___

Reporting Individual's Name: Barrett

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXXX

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: Barrett

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Occidental Savings and Loan Omaha, NE	Mortgage on Cottonwood Apts					X		
	Farmers State Bank Lexington, NE	Co-sign on campaign loan			X				
	1st State Bank Gothenburg, NE	Home mortgage			X				

Reporting Individual's Name
Barrett

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
1991 Congressional Institute Conference, Princeton, NJ	March14-16 '91	roundtrip travel from DC to Princeton, NJ, including transportation, meals, and lodging	
Nat'l Resturant Assoc. Congressional Leadership Forum	5/17-19	roundtrip travel from Chicago including transportation, lodging, and meals. Self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Barrett

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Hastings College, Hastings, Nebraska (uncompensated)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No XX NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tom E. Barrett	5/28/92

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

JOE LINUS BARTON
(Full Name)

1225 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C.

Telephone: 202-225-2002

Filer Status	[X] Member of the U S House of Representatives	State TEXAS District 6	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [✓]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
JOE LINUS BARTON

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	Grace Energy	speech	01-14-91	500.
	National Cable T.V. Association	roundtable partic.	03/23/91-03/24/91	1,500.
	Abbott Independent School District	speech	05-27-91	100.
	American Petroleum Institute	speech	06/09/91-06/10/91	2,000.
	Plumbing Manufacturers Institute	speech	10-08-91	500.

Reporting Individual's Name: Joe Linus Barton

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X								X										X								X
George Wash. Credit Union Accounts					X									X									X							
182 Main Street, Dover, Delaware						X							X									X								
JT	Ennis Business Forms, Ennis, TX.				X							X										X								
JT	Atlantic Richfield Company				X							X									X									
JT	Texas Utilities			X								X									X									
JT	First Nat'l Bank of Ennis, TX.				X									X									X							
JT	Walmart			X								X								X										
S	Congressional Federal Credit Union			X										X						X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Joe Linus Barton

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
JT	Congressional Federal Credit Union			X										X						X								

Reporting Individual's Name

JOE LINUS BARTON

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☑

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

JOE LINUS BARTON

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
JOE LINUS BARTON

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
14th Marine Regiment (arranged by Lt. Col. Gary Morris)	Bulova watch	$198. (retail)
Nat'l Assoc. of Broadcasters	Tickets to two Las Vegas shows: (1) Wayne Newton valued at $32.50 (2) Siegfried and Roy valued at $67.50	$100. (total)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Air National Guard	Jan. 24-25, 1991	Travel from Wash., D.C. to San Antonio; one night lodging and meals; Travel from San Antonio to Dallas/Fort Worth	
IISSC	Mar. 14, 1991	Travel from Wash., D.C. to Atlanta to Newark, N.J. with one day of meals and no lodging	
Congressional Institute	Mar. 14-16, 1991	Train travel from Newark, N.J. to Wash., D.C.; two days of meals and lodging	
U.S. TA.	Mar. 18, 1991	Travel from Austin, Tx. to Houston, Tx. to Dallas/Fort Worth; one meal, no lodging	
Nat'l Cable T.V. Association	Mar. 23-24, 1991	Travel (roundtrip) from Dallas/Fort Worth to New Orleans, LA.; two days of meals and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name
JOE LINUS BARTON

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
President's Commission on White House Fellowships	Mar 28, 1991	No travel; one night lodging and meal.	
Nat'l Assoc. of Broadcasters	Apr 13-15, 1991	Travel (roundtrip) for Cong. and wife, Janet, from Dallas/Fort Worth to Las Vegas; two days meals and lodging.	
Cong'l Competitiveness Caucus	Apr. 25-26, 1991	Travel from Wash., DC to Detroit, MI. to Dallas/Fort Worth, one night meal and lodging.	
American Petroleum Institute	June 9-10, 1991	Car rental (worth $175.50) travel for Cong. and wife, Janet; one night meal and lodging.	
Atlantic Richfield Company	Aug. 24-30, 1991	Travel (roundtrip) for Cong. and daughter, Alison, from Dallas/Fort Worth to Anchorage, Alaska.	
American Petroleum Institute	Aug. 24-30, 1991	Five days of meals and lodging for Cong. and daughter, Alison, while in Anchorage, Alaska.	
U.S. Dept. of the Interior	Aug. 11-15, 1991	Travel (roundtrip) from Dallas/Fort Worth to Grand Canyon, four days of meals and lodging.	
TX. Assoc. of Broadcasters	Oct. 3-4, 1991	Travel from Wash., DC to Houston, TX.; one night lodging and meals.	

Reporting Individual's Name
JOE LINUS BARTON

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ✓

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ✓

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joe Barton	May 12, 1992

GPO: 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

92 : 12 11 17

HAND DELIVERED

HERBERT HARVELL BATEMAN
(Full Name)

1030 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

202/225-4261
Telephone

WASHINGTON, D. C. 20515

Filer Status	[X] Member of the U S House of Representatives	State Virginia District First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples.	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Herbert Harvell Bateman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X								X								X								X
S, DC, JT — Examples: — George Wash. Credit Union Accounts					X									X								X						
S, DC, JT — Examples: — 182 Main Street, Dover, Delaware						X							X								X							
JT	Tom & Marian Lewis Mortgage Note				X									X							X							
JT	.70 acre commercial lot, Hampton, Va.							X					X									X						
JT	Parking space, Horizon House, Arl., Va.		X										X						X									
	Legg-Mason Value Trust				X							X					Mutual fund		X									
	Templeton World Fund (Retirement Accounts)						X					X			X		Mutual fund					X						
S	Templeton World Fund (Retirement Accounts)				X							X			X		Mutual fund				X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Herbert Harwell Bateman

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Newport News Savings Bank (Corp. stk)			X								X							X										
	Jefferson Bank Shares (Corp stock)			X								X								X									
	Smithfield Foods (Corp. stock)			X																X									
S	Interest in estate of deceased parents					X													X										

Reporting Individual's Name
Herbert Harvell Bateman

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Legg-Mason Value Trust--Mutual Fund	X			5/17, 8/9, 10/25/91	X						
	Templeton World Fund--Mutual Fund Retirement Acct.	X			4/17,10/4, 12/20/91	X						
S	Templeton World Fund--Mutual Fund Retirement Acct.	X			10/4 & 12/20/91	X						

Reporting Individual's Name

Herbert Harvell Bateman

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Dominion Bank	Equity Line Acct.		X					

Financial Disclosure A-4

Page ___ of ___

Reporting Individual's Name
Herbert Harvell Bateman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☒

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D.C to Seattle, 3 days food & lodging, self and spouse	
Congressional Charity Tennis Tournament		3/1-3/3/91	Round trip by bus to White Sulphur Springs, W.Va., meals, tournament fees, hotel--self and spouse	
Hatch Congressional Cup Golf Tournament		8/10-8/14/91	Delta Airlines Commercial airfare, DC - Salt Lake City, Utah,hotel meals, green fees--self and spouse	
Danny Thompson Memorial Charity Golf Tournament		8/21 - 8/25/91	Private plane, US Tobacco Co., DC to Sun Valley, Idaho, hotel, meals, green fees--self and spouse	
Congressional Charity Golf Tournament		9/6 - 9/8/91	Round trip by bus, D.C. to White Sulphur Springs, W.Va., hotel, meals, green fees--self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Herbert Harvell Bateman

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] N.A. [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N.A. [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 12, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 13 PM 3 12

HAND DELIVERED

Anthony C. Beilenson
(Full Name)

1025 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515

Telephone (202) 225-5911

Filer Status	[X] Member of the U.S. House of Representatives	State: California District: 23rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Legislators' Retirement System (California)	Pension	$10,860
	Honoraria	Honoraria	NONE

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Anthony C Beilenson, M C

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period Exclude Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts and financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA s and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year If so, provide details in Section IV on page A-3 For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left (This is optional) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock				X								X									X							X
	George Wash Credit Union Accounts					X									X									X					
	182 Main Street, Dover, Delaware							X						X									X						
JT	U.S. Treasury bills								X						X											X			
JT	Chevy Chase Savings & Loan			X											X						X								
JT	Standard Federal Savings & Loan				X										X							X							
	Peter Pauper Press (family business)					X									X							X							
JT	Cash Equivalent Fund			X											X							X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Anthony C. Beilenson, M.C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)										
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Maryland Federal Savings & Loan			X										X						X									
JT	Wickliffe, Ky. (municipal bond)		X											X						X									
JT	Lorillard, Inc. (corporate bond)		X											X						X									Redeemed 3?/91
JT	Yellow Aster Venture (limited partnership)			X										X							X								Partnership dissolved--1991
JT	National Gypsum (bond)		X											X					X										
JT	State of Israel (bond)		X											X						X									
	COMMON STOCKS:																												
JT	Atlas Consolidated Mining		X									X							X										
JT	Coeur d'Alene Mines		X									X							X										
JT	Hamilton Oil			X								X							X										X
JT	Mylan Labs				X							X								X									
JT	Newmont Mining Corp.			X								X								X									X
JT	Occidental Petroleum Corp.			X								X									X								X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Anthony C. Beilenson, M.C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Phillips Petroleum			X								X									X								
JT	Quaker Oats			X								X								X									
JT	Triton Energy Corp.			X								X							X										X

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Hamilton Oil Co.		X		2/11/91		X					
JT	Triton Energy Corp.		X		7/9/91		X					
JT	Newmont Mining Corp.		X		7/24/91		X					
JT	Fisher-Price, Inc. (acquired as stock dividend from Quaker Oats)		X		9/17/91	X						
JT	Occidental Petroleum Corp.		X		9/30/91		X					

Reporting Individual's Name
Anthony C. Beilenson, M.C

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 12, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 2 PM '6

(8)
HAND DELIVERED
MC
(Office Use Only)

Anthony C. Beilenson
(Full Name)

1025 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515 — Telephone (202) 225-5911

Filer Status	[X] Member of the U.S. House of Representatives	State California District: 23rd	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Legislators' Retirement System (California)	Pension	$10,860
	Honoraria	Honoraria	NONE

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Anthony C. Beilenson, M.C

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
JT	U.S. Treasury bills								X						X											X					
JT	Chevy Chase Savings & Loan				X										X							X									
JT	Standard Federal Savings & Loan					X									X								X								
JT	Maryland Federal Savings & Loan					X									X							X									
JT	Cash Equivalent Fund				X										X								X								
	Peter Pauper Press (family business)						X								X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Anthony C. Beilenson, M.C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
JT	Wickliffe, Ky. (municipal bond)			X										X						X									
JT	Lorillard, Inc. (corporate bond)			X										X						X									
JT	Yellow Aster Venture (limited partnership)				X									X							X								Partnership dissolved-- 1991
JT	National Gypsum (bond)			X										X					X										
JT	State of Israel (bond)			X										X						X									
	COMMON STOCKS:																											
JT	Atlas Consolidated Mining			X								X							X									
JT	Coeur d'Alene Mines			X								X							X									
JT	Hamilton Oil				X							X							X									X
JT	Mylan Labs					X						X								X								
JT	Newmont Mining Corp.				X							X								X								X
JT	Occidental Petroleum Corp.				X							X									X							X
JT	Phillips Petroleum				X							X									X							
JT	Quaker Oats				X							X								X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Anthony C. Beilenson, MC

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Triton Energy Corp.				X							X							X									X

(Form A)

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Hamilton Oil Co.		X		2/11/91		X					
JT	Triton Energy Corp.		X		7/09/91		X					
JT	Newmont Mining Corp.		X		7/24/91		X					
JT	Fisher-Price, Inc. (acquired as stock dividend from Quaker Oats)		X		9/17/91	X						
JT	Occidental Petroleum Corp.		X		9/30/91		X					

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Financial Disclosure A-4

Reporting Individual's Name: Anthony C. Beilenson, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash. D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Anthony C. Beilenson, M.C.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 22, 1992

GPO : 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED 9

1992 APR 29 PM 7:51

INSIDE MAIL

MC (Office Use Only)

Charles Edward Bennett (Full Name) Charles E. Bennett

2107 Rayburn Bldg., Washington, D.C., 20515 (Mailing Address) 202 2252501 Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [✓]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	~~None~~		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Charles Edward Bennett

Charles E. Bennett

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	None			
	None			

Reporting Individual's Name
Charles E. Bennett

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X								X									X								X
Examples: George Wash. Credit Union Accounts					X									X									X						
Examples: 182 Main Street, Dover, Delaware						X							X									X							
JT	Allied Signal, Inc. Stock					X						X								X									
JT	BG&G, Inc. Stock			X								X								X									
JT	Eastman Kodak Stock				X							X								X									
JT	General Mills, Inc. Stock					X						X										X							
JT	Giant Food, Inc. Class A Stock			X								X								X									
	Gillette, Inc. Stock						X					X											X						X

For additional assets and unearned income, use next page

Reporting Individual's Name
Charles B. Bennett

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Henley Pptys, Inc. Class A Stock		X									X							X										
JT	Henley Group, Inc. Stock		X									X							X										
JT	International Business Machines Stock			X								X									X								
JT	Kimberly Clark Corp. Stock					X						X										X							
JT	MCI Communications Corp. Stock			X								X								X									
JT	Municipal Investment Trust 287 Units			X										X						X									
JT	Municipal Investment Trust 231 Units			X										X						X									
JT	Municipal Investment Trust 183 Units		X											X						X									
JT	Municipal Investment Trust 101 Units			X										X							X								
JT	Municipal Investment Trust 89 Units			X										X							X								
JT	Municipal Investment Trust 145 Units		X											X						X									
JT	Municipal Investment Trust 119 Units		X											X						X									
JT	Municipal Investment Trust 340 Units			X										X							X								
JT	Nuveen Tax Exempt Trust 365 Units			X										X							X								
JT	USX Marathon Group Stock			X								X								X									

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Charles E. Bennett

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	US Government Money Market Fund Shares			X								X								X								X
	Dennis and Gassie Mail 2000 note			X										X								X						
	N.Y. Life		X											X				X										
	Central Fidelity Bank accounts				X									X								X						
	Wright Patman Credit Union				X									X								X						

Reporting Individual's Name
Charles E. Bennett

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR.)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Gillette, Inc. Stock (Gift of 606 shares to National Park Service)				10/22/91		X					
	USX (20 shares redeemed by company pursuant to restructuring)		X		7/9/91	X						
	US Government Money Market Fund (shares purchased and sold in small amounts at various times during the year)	X	X		Various	X						

Reporting Individual's Name
Charles T. Bennett

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name: Charles . Leonett

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name

Charles W. Bennett

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization
	None except elder emeritus of Riverside Ave. Christial Church

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Charles Bennett	April 28, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers and employees

1992 MAY 15 PM 3 56

HAND DELIVERED

mc (Office Use Only)

Helen Delich Bentley
(Full Name)

408 Chapelwood lane
(Mailing Address)

410-561 1777 202 225 3061
Telephone

Lutherville, Maryland 21093

Filer Status	[xx] Member of the U.S. House of Representatives	State Maryland District Second	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Self-employed Bentley"s Antique Show Mart	Spouse Income	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Helen Delich Bentley

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	The Tobacco Institute, Washington D.C.	Speech	April 2, 1991	$2,000
	Global USA Washington D.C.	Speech	June 6, 1991	$2,000
	Dental Honor Society, Baltimore MD	Speech	May 22, 1991	$150

Reporting Individual's Name: Helen Delich Bentley

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X									X								X								X
George Wash. Credit Union Accounts					X									X								X						
182 Main Street, Dover, Delaware						X							X								X							
S — Baltimore Life Insurance			X											X					X									
S — Maryland National Bank					X									X							X							
JT — Mercantile Safe Deposit & Trust					X									X							X							
Bristol-Myers Company			X									X								X								
GTE Corporation				X								X								X								
T. Rowe Price						X						X									X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Helen Delich Bentley

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Legg Mason Value Trust			X								X								X									

Reporting Individual's Name: Helen Delich Bentley

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	American Federal Savings Bank Withdrawal					X						

Reporting Individual's Name

Helen Delich Bentley

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [xx]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name

Helen Delich Bentley

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging self and spouse	
Maryland Port Administration		Mar 4, '91	Roundtrip Train from Balto to Newark NJ for self Lunch Maersk	
Fluor Daniels Company		Mar 13-17, 1991	(fact-finding) Roundtrip Airfare from Wash DC to Kuwait, self	
Maryland Port Administration		4/1/91	Roundtrip Trainfare from Balto to Newark Lunch Maersk	
Maine Maritime Academy		4/13/91	Roundtrip Air aboard plane of C.J. Langenfelder & Sons as approved	
Competitiveness Caucus		4/25-26 91	Roundtrip Airfare from Wash/Detroit/Balto, food, lodging (fact-finding)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Helen Delich Bentley

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Circle of Serbian Sisters	4/27-28	Airfare Roundtrip from Balto/Los Angeles/Pittsburgh/ Baltimore Food/Lodging -- speeches/speaking engagements	
Serbian Bar Association	5/4-5/91	Airfare roundtrip from Balto to Chicago Lodging,food speech/speaking engagement	
Veterans of Foreign Wars	6/27/91	Roundtrip air fare from Balto/Ocean City aboard plane of Dr. Richard Little -speaking engagement	
Serbian Natl Shield Society of Canada	6/30/91	Roundtrip air fare from Balto to Buffalo -speaking engagement	
American Legion	7/12/91	Campaign expense Roundtrip air fare Balto/Ocean City-speaking engagement	
Serb Natl Federation	7/12/91	Roundtrip airfare Balto/Pittsburgh - speaking "	
International Longshoremen's Association	7/21-22 91	Roundtrip airfare Balto to San Juan PR, lodging,food speaking engagement	
Pete Samardzija	7/26/91	Roundtrip airfare Balto to Chicago speaking "	
Serb Natl Federation	7/16/91	One way airfare Balto to Pittsburgh --speaking	
Channel 4 TV -- London	7/16-18	Roundtrip airfare Pittsburgh/London/Balto -- TV show	
Maryland Port Administration	7/22/91	Roundtrip trainfare Balto/NY/ --Fact finding	
Maryland Port Administration	10/7/91	Train fare one-way NYC to Balto Fact finding	
Serbstock Associates	10/20/91	Airfare roundtrip Balto to Chicago Speaking	
Serb Unity Congress	11/2/91	Roundtrip airfare Balto to Chicago Speaking	
Society of Naval Architects & Engineers	11/15/91	Merchant Marine Committee Roundtrip trainfare Balto to NYC attend conference	
Serbnet Inc.	11/30/91	Roundtrip airfare Baltimore to Chicago speaking	
Matson Navigation Co.	12/2-5/ 91	Roundtrip airfare Balto to San Francisco To honor ship	
Serbian Democratic Society	12/28-29	Roundtrip airfare Balto to Chicago Lodging,food Fundraiser	

Reporting Individual's Name

Helen Delich Bentley

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Villa Julie College, Church Home Hospital, Oceanic Education Foundation
Director	Sea Lites Corp., Interseas Fast Craft Inc.
President	HDB International Inc., Intl Resources & Development Corp.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Helen Delich Bentley	May 15, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

1992 MAY 15 AM 11: 14

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

DOUGLAS KENT BEREUTER
(Full Name)

2348 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Telephone (202) 225-4806

Filer Status	[XX] Member of the U.S. House of Representatives	State: Nebraska District: 1st	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Arlington County - Virginia School Board	Spouse salary	income

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
DOUGLAS KENT BERNSTER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X). Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Transaction (X)
S, DC, JT — Examples — S — ABC Corporation Stock			X									X									X							X
Examples — George Wash. Credit Union Accounts					X									X								X						
Examples — 182 Main Street, Dover, Delaware						X							X								X							
JT — Savings Account, Calvert Group, Riggs National Bank, Washington, D.C.				X										X								X						
DC — Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. (Eric)				X										X								X						
DC — Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. (Kirk)				X										X							X							
S — IRA Acct., Calvert Group, Riggs National Bank, Washington, D.C.			X											X							X							
S — IRA Acct., Calvert Group, Riggs National Bank, Washington, D.C.			X											X							X							
S — Retirement Acct., Teachers Retirement Fund, Arlington, VA			X											X							X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: DOUGLAS KENT BEREUTER

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Checking account, First Virginia Bank Falls Church, VA			X										X						X									
DC	Son's annuity rights under settlement of personal injury action. United Services Automobile Assoc., San Antonio, Texas.					X													X										
S	Federal Employees Thrift Savings Plan New Orleans, LA				X									X								X							
S	Shareholder in family corporation owning 38 acres of land and residence in unincorporated portion of Summit County, Colorado; a parcel with storage building in Utica, Nebraska; and farmland and pastureland in Reno County, Kansas. No Earned Income						X																						

(Form A)

Reporting Individual's Name
DOUGLAS KENT BERENTER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE XXX

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
DOUGLAS KENT BEREUTER

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE XXX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
DOUGLAS KENT BEREUTER

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XXX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Bankers Association, LLAC Conference, Palm Beach, Florida	Feb. 15-17	Roundtrip air travel from washington, D.C. to West Palm Beach, florida, 3 days food & lodging, self & spouse	
Republican Retreat, Congressional Institute, Princeton, New Jersey	March 14-16	Roundtrip train travel from Washington, D.C. to Princeton, New Jersey, 3 days food and lodging, self & spouse (1-way train for spouse)	
Aspen Institute - Southern African Policy Forum, Capetown, South Africa	March 30 - April 7	Roundtrip air travel from Washington, D.C. to Capetown, South Africa (Codel Solarez, military aircraft) 5 days lodging and meals, self	
Former Members of Congress - German Marshall Fund, 3rd U.S. Scandinavian Seminar for Parliamentarians, Stockholm, Sweden	August 9-15	Roundtrip air travel from Washington, D.C. to Stockholm, Sweden, 5 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: DOUGLAS KENT BEREUTER

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Aspen Institute - U.S. Soviet Relations, Budapest, Hungary	August 23-31	Roundtrip air travel from Washington, D.C. to Budapest, Hungary, 7 days food and lodging, self and spouse	
Southern Utah Wilderness Alliance Green River, Utah	Sept. 6-9	Airfare from Lincoln, Nebraska to Grand Junction, Colorado and return trip to Washington, D.C., 4 days meals and camping prov., self	
Farmland Industries, Kansas City, Missouri	Dec. 4-5	Air travel from Washington, D.C. to Lincoln, Nebraska via Kansas City, MO, 1 day lodging and meal, self	
Konrad Adenauer Stiftung Conference San Diego, CA	Dec. 6-7	Air Travel from Lincoln, Nebraska to San Diego, CA and return trip to Washington, D.C., 1 day lodging and meal, self	

Reporting Individual's Name
DOUGLAS KENT BERENTER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Board of Trustees	Nebraska Wesleyan University, Lincoln, Nebraska
Member, Executive Committee	Alumni Council, J.F. Kennedy School of Government, Harvard University, Cambridge, MA
Board of Directors	Bread for the World, Washington, D.C.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
✓ Douglas Berenter	✓ 5/15/92

GPO: 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 .14 .1.7 07

(7)

CONGRESSMAN HOWARD L. BERMAN
(Full Name)

137 Cannon Building — 202 225-4695
(Mailing Address) — Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	XXX Member of the U S House of Representatives	State CA District 26th	XX Officer or Employee	Employing Office: Howard Lawrence Berman
Report Type	XXX Annual (May 15)	Amendment	Termination	Termination Date

mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE XXX

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
HOWARD LAWRENCE BERMAN

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Brookings Institute, Washington, D.C.	Speech	2/6/91	$400
	Brookings Institute, Washington, D.C.	Speech	6/10/91	$400
	Brookings Institute, Washington, D.C.	Speech	10/22/91	$400

Reporting Individual's Name
HOWARD LAWRENCE BERMAN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period Exclude Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year If so, provide details in Section IV on page A-3 For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left (This is optional) See instructions, page 14.

NONE XXX

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						

For additional assets and unearned income, use next page

Reporting Individual's Name
HOWARD LAWRENCE BERMAN

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17

NONE XXX

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
HOWARD LAWRENCE BERMAN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Congressional Federal Credit Union, Washington, D.C.	Loan	X						

Reporting Individual's Name
HOWARD LAWRENCE BERMAN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Steven Nichols, Pacoima, CA	Serving Bowl	$125.00
Frederick Hong, Los Angeles, CA	China Horse	$190.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Hospital Assoc.	3/16-17/91	Air travel Washington, D.C./San Diego, CA/ Los Angeles, CA and breakfast, lodging, cabfare	
National Council of LaRaza	7/14/91	Air travel L.A./Houston/Washington, D.C. and cabfare	
Democratic Nat'l Committee	5/31-6/2/91	Air travel L.A./Jacksonville,FLA/Washington, D.C. and lodging and dinner	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
HOWARD LAWRENCE BERMAN

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XXXX

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXXX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Howard L Berman	5/13/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9 1992 MAY 15 AM 11: 20

HAND DELIVERED

TOM BEVILL (Full Name)			
2302 Rayburn House Office Building Washington, D.C. 20515 (Mailing Address)	OR	3827 N Military Road Arlington, VA 22207	
(202) 225-4876		(703) 528-0076 (Telephone)	
Filer Status	[X] Member of the U S House of Representatives — State Alabama District Fourth	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Department of Army	Pension	8,976.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
TOM BEVILL

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Interstate Natural Gas Association Washington, D.C.	Speech	March 23, 1991	2,000.00
General Atomics San Diego, CA	Speech	Aug. 5, 1991	2,000.00
Clark County Flood Control District Las Vegas, Nevada	Speech	Oct 11, 1991	2,000.00
Eastern Municipal Water District Speech in Tomecula, CA sponsored equally by:	Speech	Oct 14, 1991	
Monday Morning Group, Riverside,CA			666.00
The Valley Group, Perris, CA			666.00
Friday Lunch Bunch, Hemet,CA			666.00

Reporting Individual's Name TOM BEVILL AL/04

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S	ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	see page A-2(a)																											

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: TOM BEVILL AL/04

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	MERRILL LYNCH IRA ACCOUNT for Tom Bevill 1982 - 1992			X														N/A IRA account											
JT	MERRILL LYNCH IRA ACCOUNT for Lou Bevill 1982-1992			X														N/A IRA account											
JT	WRIGHT PATMAN CONGRESSIONAL CREDIT UNION - WASH, D.C.			X										X						X									
JT	U.S. TREASURY - U.S. SAVINGS BONDS -- Series EE			X														N/A	X										X
S	Spouse - Lou Betts Bevill inherited 1/4 interest in a ~~plot of land 10 acres in~~ Mccalla, AL			X														N/A	X										

(Form A)

Reporting Individual's Name

TOM BEVILL AL/04

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	U. S. TREASURY - U. S SAVING BONDS SERIES EE	X			PURCHASED ~~AT VARIOUS~~ TIMES BY ~~PAYROLL~~ DEDUCTION	X						

Financial Disclosure A-3

Reporting Individual's Name
TOM BEVILL AL/04

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [XXXXX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name
TOM BEVILL AL/04

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☒

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Interstate Natural Gas Assoc Washington, D.C.	3/22-23 1991	Airtravel from Wash,DC to Miami and return airtravel to Birmingham, AL ; hotel and meals provied to Tom Bevill in connection with 3/23/91 Speech	
General Atomics San Diego, CA	8/2--6 1991	Air Travel to San Diego from Washington, D.C. and return air travel to Birmingham,AL; hotel and meals provided to Tom and Lou Bevill in connection with 8/5/91 speech and tours 8/3-5/91	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
TOM BEVILL AL/04

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Oct 11-15, 1991 Trip to Las Vegas, NV- Phoenix,AZ -- and	October 11 -- 15		
San Diego, CA sponsored and provided by:	1991		
Clark Co. Flood Control District, Las Vegas,NV	Oct 11 1991	Air travel from D.C.to Las Vegas; hotel and meals in connection with Oct 11 Speech	
Central Arizona Water Cons. District	Oct 12-13 1991	Air travel from Las Vegas to Phoenix; hotel and meals in connection with Oct 12 Speech	
Eastern Municipal Water District	Oct 14-15 1991	Air travel from Phoenix to San Diego and return to Washington, D.C., hotel and meal	
Los Angeles Congressional Arts Caucus Host Committee (fact-	December 2-5	Air travel hotel and meals provided in connection with Arts Caucus visit to Los Angeles	
finding trip)	1991		
City of Steamboat Springs, Colorado	April 5-7 1991	Roundtrip airfare and housing for Tom and Lou Bevill while participating in International Travel and	
		Tourism Workshop.	

Reporting Individual's Name
TOM BEVILL AL/04

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE XXX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tom Bevill	MAY 14, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10) 92 MAY 15 PM 12 15

HAND DELIVERED

mc (Office Use Only)

JAMES H. BILBRAY
(Full Name)

319 CANNON HOB
(Mailing Address)

202-225-5965
Telephone

WASHINGTON D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: NV District: 01	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
[redacted]			

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
JAMES BILBRAY

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
NONE			

Reporting Individual's Name

JAMES BILBRAY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
JT	B.F. INVESTMENTS, NOTE FROM SALE OF PARCELS 200-330-012, 200-340-004, 09A-290-004							X								X							X								
JT	NOTE, BILLY GOAT ACRES, NOTE FROM SALE OF PARCEL 020-194-004							X													X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JAMES BILBRAY

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
JT	50% INTEREST, 260 ACRES BELLUIEW, ID.								X									NONE											
JT	317 SHARES OF 109 INC. A NEVADA CORP.						X											"											
JT	VACATION CLUB, INTERNATIONAL NOTE				X													"											
JT	25% INTEREST 25 ACRES, W. FLAMINGO RD., CLARK COUNTY, NV.					X												"											
JT	75% INTEREST, B.I. INVESTMENTS PARCEL 82-071-02, SANTA CRUZ, CA				X													"											
JT	B.I. INVESTMENT, 35% INTEREST, 1 ACRE PARCEL 250-56-001, CLARK COUNTY, CLARK COUNTY, NV.						X											"											
JT	NOTE DUE FROM DON WILLIAMS				X													"											
JT	THE WHARF RESTAURANT REAL ESTATE, CLARK COUNTY, NV.						X						X											X					
JT	84 SHARES, LEROY PROPERTIES + DEVELOPMENT CORP.		X															NONE											
JT	LEISURE CODEL PARTNERSHIP			X								X						PARTNERSHIP INCOME			X								
JT	WRIGHT PATMAN BANK ACCOUNT				X									X							X								
JT	FIRST INTERSTATE BANK - SAVINGS			X										X							X								
JT	B.I. INVESTMENTS BANK ACCOUNT - VALLEY BANK			X										X								X							
JT	NOTE RECEIVABLE, VICTORVILLE, CA.				X									X								X							
JT	B.I. INVESTMENTS, PARCEL 020-794-004	X													X									X					

Reporting Individual's Name

JAMES BILBRAY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
JT	25% INTEREST IN PARCELS 82-111-02-04-02-10 IN SANTA CRUZ, CA.			X														NONE										
JT	25% INTEREST IN 20 ACRE PARCEL 90-100-006, CLARK COUNTY, NV.						X											"										
JT	12.5% EL MIRADOR PROPERTY CLARK COUNTY NV.						X											"										
JT	25% INTEREST IS ACRES LONG MTN. + DECATUR, CLARK COUNTY, NV.							X										"										
JT	15% INTEREST COMMERCIAL PROPERTY NEAR TO K MART, HENDERSON, NV.						X											"										

For additional assets and unearned income, use next page

Reporting Individual's Name

JAMES BILBRAY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	B.I. INVESTMENTS, PARCEL 020-794-004, CLARK COUNTY, NV.		X		8-23-91			X				

Page ___ of ___

Financial Disclosure A-3

Reporting Individual's Name
JAMES BICBRAY

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or nibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	B. I. INVESTMENTS	LOANS		X					
JT	LOAN SECURED BY BILLY GRAT ACRES, NOTE FROM SALE OF PARCEL 020-784-004	LOAN			X				

Financial Disclosure A-4

Page ___ of ___

Reporting Individual's Name
JAMES BILBRAY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
AMERICAN CHAMBER OF COMMERCE IN SHANGHAI		AUG. 7-18, 1991	AIR FROM LOS ANGELES-HONG KONG-BEIJING-SHANGHAI-HONG KONG-LOS ANGELES, 4 DAYS FOOD + [redacted] LODGING, SELF AND DAUGHTER, REMAINING DAYS REPORTED PURSUANT TO 5 U.S.C. 7342.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
JAMES BILBRAY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
SEC - TREASURER AND DIRECTOR (JAMES BILBRAY) UNCOMPENSATED	B. I INVESTMENTS

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
James H Bilbray	5/15/92

GPO: 1990 60-287 (m)

JAMES H. BILBRAY
1st District, Nevada

COMMITTEE ON
ARMED SERVICES

COMMITTEE ON
SMALL BUSINESS

SELECT COMMITTEE
ON AGING

DELIVERED

119 Cannon House Office Building
Washington, DC 20515-2801
202-225-3876

DISTRICT OFFICE
1785 E. Sahara #445
Las Vegas, Nv 89104
(702) 792-2424

Congress of the United States
House of Representatives
Washington, DC 20515-2801

May 12, 1992

Mr. Donnald Anderson
The Clerk
U.S. House of Representatives
Office of Records & Registration
1036 Longworth HOB
Washington, D.C. 20515

Dear Mr. Anderson:

In the course of preparing my 1991 financial disclosure statement, I came across an incorrect parcel number.

B.I. Investments Parcel 020-790-404 in my 1990 statement should have been 020-794-004.

Please include this letter in my 1990, 1991 financial disclosure statements.

Sincerely,

James H. Bilbray

James H. Bilbray
Member of Congress

JHB:mt

JAMES H. BILBRAY
1st District, Nevada

COMMITTEE ON
ARMED SERVICES

COMMITTEE ON
SMALL BUSINESS

SELECT COMMITTEE
ON AGING

HAND DELIVERED

92 MAY 19 AM 10:08

319 Cannon House Office Building
Washington, DC 20515-2801
(202) 225-5965

DISTRICT OFFICE
1785 E. Sahara #445
Las Vegas, NV 89104
(702) 792-2424

Congress of the United States
House of Representatives
Washington, DC 20515-2801

HAND DELIVERED

MC

May 19, 1992

Mr. Donnald Anderson
The Clerk
U.S. House of Representatives
Office of Records & Registration
1036 Longworth HOB
Washington, D.C. 20515

Dear Mr. Anderson:

In the course of preparing my 1991 financial disclosure statement, I inadvertently did not include an asset sheet.

Please include this sheet in my 1991 financial disclosure statement.

Sincerely,

James H. Bilbray
Member of Congress

JHB:mt
Enclosure

92 : : 19 PM 05

Reporting Individual's Name
JAMES BILRAY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X									X									X								X
	DC George Wash. Credit Union Accounts				X									X									X						
	JT 182 Main Street, Dover, Delaware					X							X									X							
JT	25% INTIRESST IN PARCELS 82-111-02-04-07-10 IN SANTA CRUZ, CA.		X															NONE											
JT	25% INTIRESST IN 20 ACRES PARCEL 98-100-006, CLARK COUNTY NV.					X												"											
JT	12.5% EL MIRADOR PROPERTY CLARK COUNTY, NV.					X												"											
JT	25% INTIRESST IS ACRES LONE MTN + DECATUR, CLARK COUNTY, NV.						X											"											
JT	15% INTERESST COMMERCIAL PROPERTY NEXT TO K MART, HENDERSON, NV.					X												"											

For additional assets and unearned income, use next page

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(11)

Michael Bilirakis
(Full Name)

2432 Rayburn HOB, Washington D.C. 20515 — 202-225-5755
(Mailing Address) — Telephone

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 9	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Omega Real Estate	Spouse Commission	N/A
	Estates of Ziegler, Drew, Van Poel	Approved Pers Rep Fees	$16,875
	Note: Approved by Committee on Standards of Official Conduct,		
	November 27, 1991		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Michael Bilirakis

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Manchester, Massachusetts American Association of Clinical Urologists	Speech	Oct. 14, 1991	$1000
Phillip Morris Companies - Washington, D.C.	Speech	March 7, 1991	$2000

Reporting Individual's Name

Michael Bilirakis

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X) — A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																														
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X								X								X
			George Wash. Credit Union Accounts				X								X								X							
			182 Main Street, Dover, Delaware					X						X								X								
JT	Office Bldg, 1017 Bartelt Rd Holiday, FL						X							X											X					
JT	Business Bldg, 1013 Bartelt Rd Holiday, FL					X								X								X								
JT	Bellhaven Apts, Dunedin FL (½)				X													no operational int	X											
JT	Rental House, 529 Grand Blvd Tarpon Springs, FL					X								X							X									X
JT	Rental Condo, Gateway Towers Pittsburgh, PA					X								X									X							
S	Bldg, (1/3) Athens & Pinellas Tarpon Springs, FL					X								X							X									

For additional assets and unearned income, use next page

Reporting Individual's Name: Michael Billirakis

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	½ of two lots Unimproved Realty, Hope Subd., TS, FL			X									X							X									
JT	306 Driftwood Dr. Rental House, Palm Harbor, FL						X						X						X										
JT	CD's, ckng, NCNB Nat. Bank FL, & savings				X									X									X						
JT	Barnett Bank, CD's & checking			X										X								X							
JT	People's State Bank - CD				X									X									X						
JT	Congressional Fed Credit Union				X									X								X							
JT	Citizen's Federal Bank			X										X						X									
JT	A. G. Edwards Cash Fund			X										X						X									
S	Ambase Corporation	X																sold, less than $200	X										
	Pinellas Fish & Chips Corp.	X																	X										
	Holiday Fish & Chips Corp.					X													X										
S	AMEV Securities			X								X									X								
S	Caesar's World Stock			X															X										
S	Tax Exempt Securities Trust Fund			X								X										X							
S	Palm Beach County Bonds			X										X							X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Michael Bilirakis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Washington St. Power Supply Bond			X										X						X								
S	City of Albuquerque Bond			X										X						X								
S	County of Armstrong Bond			X										X						X								
S	County of Stone, Missouri Bond		X											X					X									
S	1st Nat'l Bank of Pasco Stock			X														X										
	First Union Corporation Stock			X								X								X								
S	General Development Stock	X															sold for less than $200	X										
S	1st Union Corp. Stock (IRA)			X								X								X								
S	Daily Cash Accumulation Fund(IRA)			X										X						X								
S	Wellcome PLC Stock (IRA)			X														X										
S	Putnam High Income Gov't Trust IRA			X								X								X								
S	IRA - Life of Georgia			X										X						X								
	Tarpon Foods (Sold 12/1/88)	X															Bad Debt Recovery			X								
	Daily Cash Accumulation Fund (IRA)			X										X						X								X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Michael Bilirakis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		I DIVIDENDS	II RENT	III INTEREST	IV CAPITAL GAINS	V EXCEPTED TRUST	VI QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	First Union corp Stock (IRA)			X								X									X								X
	Putnam High Income Gov't TrustIRA				X							X												X					X
	Wellcome PLC Stock (IRA)			X															X										X
	A.G. Edwards, Inc. Stock (IRA)			X								X									X								X
	IBM Stock (IRA)				X							X									X								X
	Notes Receivable																												
	International House of Travel			X															X										X
	Pinellas Fish & Chips			X															X										X
JT	Mortgage on 529 Grand				X									X								X							

Reporting Individual's Name

Michael Bilirakis

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Rolled Keough Plan into IRA				7/18/91							
	Daily Cash Accumulation Fund			X	x	X						
	First Union Corp Stock			X	"	X						
	Putnam High Income Gov't Trust			X	"			X				
	Welcome PLC Stock			X	"	X						
	A.G. Edwards Inc. Stock			X	"	X						
	I.B.M. Stock			X	"		X					
JT	Rental House, 529 Grand Blvd, Tarpon Springs, FL		X		1/31/91		X					
	International House of Travel (determined to be worthless)				April 1991		X					
	Pinellas Fish & Chips (determined to be worthless)				April 1991	X						

Reporting Individual's Name: Michael Bilirakis

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Barnett Bank of Pasco County	Mortgage - 1017 Barteltt Rd			X				
	Florida State Bank	Travel Agency loan (pd in '91) & mortgage on Realty Bldg			X				
		1013 Barteltt Rd							
	Fortune Federal National Bank	½ mortgage on apts (Bellhaven)				X			
	People's State Bank	Personal Loan		X					
	Barnett Bank	Personal Loans (pd in 1991)		X					
	N.C.N.B.	Personal Loans (pd in 1991)		X					
	First Florida National Bank	Personal Loan (pd in 1991)		X					

Reporting Individual's Name: Michael Bilirakis

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Mr. & Mrs. Al Austin 4617 San Miquel, Tampa, FL 23629	2 1991 Super Bowl Tickets	$150

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute	5/14-16/91	RT Rail from D.C. to Princeton, NJ, 2nights lodging & meals for self & spouse to attend Rep Legislative Conf.	
Jefferson Educational Found.	3/23-31/91	Travel from Tampa FL to Johannesburg South Africa to D.C. 7 nts lodging self & spouse for mtgs with gov't officials, tribal leaders & wilderness foundation	
Centre for Legislative Exchange	4/1-3/91	Travel from D.C. to Toronto & Ottowa Canada to D.C., meals & Lodging for self & spouse to study Canadian Health Care System.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C. 7342)

Reporting Individual's Name

Michael Bilirakis

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
National Assn of Broadcasters	4/11-13/91	Travel D.C. to Las Vegas to Tampa, FL, 2 nts lodging & meals for self & son for convention, panel discussion &international exposition.	
American Horse Council Lincoln National Corporation	5/3-5/91	RT transportation D.C. to Lexington, KY, 2 nts lodging & meals for spouse & self to participate in governmental panel discussion.	
Pan Cretan Assn	5/18-19/91	Travel D.C. to NYC, 2 nights lodging & meals for self for speech regarding celebration 50th Anniversary of Battle of Crete.	
Pan Cretan Association	6/7/91	1 night lodging & meals in D.C. for speech celebrating 50th Anniversary of Battle of Crete.	
American Ambulance Assn	8/22-25/91	Transportation San Francisco to Jackson Hole, WY to Tampa, FL, 3 nts lodging & meals self & spouse for keynote speech & meeting.	
Am. Assn of Clinical Urologists	10/12-15/91	RT D.C. to Bermuda, 3 nts lodging & meals for self & spouse for urological convention & health care speech.	

Reporting Individual's Name
Michael Bilirakis

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
President/Director	Pinelass Fish & Chips, Holiday Fish & Chips (Closely Held Corporations)
Director	Chi Chi Rodriguez Children's Foundation
Director	Resource Center for Women

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael Bilirakis

DATE (Month, Day, Year): May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 1 12 2 05

(6)

Lucien E. Blackwell
(Full Name)

1725 Longworth House Office Building
(Mailing Address)

Washington, DC 20515 — Telephone 202-225-4001

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives — State ____ District ____	[ ] Officer or Employee	Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date ____

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City Council of Philadelphia, Philadelphia, Pa.	Salary	4361.58
	City Council of Philadelphia, Philadelphia, Pa.	Spouse Salary	
	International Longshoreman's Association Local 1332 PO Box 2408 Phila., Pa.	Salary	52000.

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Lucien E. Blackwell

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X									X								X									X
George Wash. Credit Union Accounts					X									X									X							
182 Main Street, Dover, Delaware						X							X									X								
JT Savings Acct. CoreStates Bank			X											X						X										
JT CoreStates Checking Acct. Centre Square, Phila.			X																											
JT Phila. Federal Credit Union				X										X							X									

For additional assets and unearned income, use next page

Reporting Individual's Name

Lucien E. Blackwell

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Lucien E. Blackwell

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Lucien E. Blackwell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Lucien E. Blackwell

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
City Councilman	City Council of Philadelphia, 408 City Hall, Phila., Pa. 19107 (resigned 2/7/91)
President	I.L.A. Local 1332 AFL-CIO PO Box 2408 Phila., Pa. 19147 (resigned effective 12/31/91-no compensation for services after 11/12/91)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Lucien E. Blackwell	5/14/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 0 (7)

Ben Garrido Blaz
(Full Name)

5005 Gadsen Dr.
(Mailing Address)

Telephone

Fairfax, VA 22032

Filer Status	[X] Member of the U.S. House of Representatives	State Guam District At large	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

57 590 O 92 11

Reporting Individual's Name
Ben Garrido Blaz

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
- N O N E -				

Reporting Individual's Name: Ben Garrido Blaz

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples. S	ABC Corporation Stock		X									X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
S		CD, SovRan Bank, Fairfax, VA				X							X												X				
		CD/Savings, Wright-Patman Cong. Fed. Credit Union			X										X									X					
		313 Windsor Dr., Auburn, AL					X							X												X			

For additional assets and unearned income, use next page

Reporting Individual's Name
Ben Garrido Blaz

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: Ben Garrido Blaz

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	City Federal Savings & Loan	Mortgage on 313 Windsor Dr.							
	Montgomery, AL	Auburn, AL			X				
	M. R. Kuczkir, Edison, New Jersey	Loan disputed		X					

Reporting Individual's Name
Ben Garrido Blaz

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash. D C. to Seattle, 3 days food & lodging, self and spouse	
Ross Engineering Corporation		Aug.8-20, 1991	Roundtrip Air Travel from Wash. D.C. to	
			Hong Kong and China, lodging, meals and	
			misc. Congressional mission to Hong Kong	
			and China.	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name: Ben Garrido Blaz

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ben Blaz	May 15, 1992

HAND DELIVER

BEN BLAZ
GUAM

WASHINGTON OFFICE
1130 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-1188
FAX (202) 225-0088

GUAM OFFICE
CONGRESSIONAL DISTRICT OFFICE
GMI BUILDING SUITES 4-6
176 SERENO AVENUE
TAMUNING GUAM 96911
(671) 646-6800
646-3590
FAX (671) 472-7380

92 JUN 29 PM 4:45

OFFICE OF THE CLERK

COMMITTEE ON ARMED SERVICES
MILITARY INSTALLATIONS AND FACILITIES
PROCUREMENT AND MILITARY NUCLEAR SYSTEMS
RESEARCH AND DEVELOPMENT
SEAPOWER AND STRATEGIC AND CRITICAL MATERIALS

COMMITTEE ON FOREIGN AFFAIRS
AFRICA
ASIAN AND PACIFIC AFFAIRS
INTERNATIONAL ECONOMIC POLICY AND TRADE

COMMITTEE ON INTERIOR AND INSULAR AFFAIRS
ENERGY AND THE ENVIRONMENT
GENERAL OVERSIGHT AND CALIFORNIA DESERT LANDS
INSULAR AND INTERNATIONAL AFFAIRS
WATER, POWER AND OFFSHORE ENERGY RESOURCES

SELECT COMMITTEE ON AGING
HOUSING AND CONSUMER INTERESTS
HUMAN SERVICES

Congress of the United States
House of Representatives
Washington, DC 20515

June 29, 1992

1

✓
MC

Mr. Donnald K. Anderson
Clerk of the House
H-105 The Capitol
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Anderson:

I am submitting this letter as an official amendment to my Financial Disclosure Statement for 1992.

Under Part V, please delete "M.R. Kuczkir, Edison, New Jersey". That entry is no longer appropriate since the matter has been resolved satisfactorily as of this date.

Ben Blaz
Member of Congress

(10)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 11 PM 3 00

HAND DELIVERED

THOMAS J. BLILEY, JR.
(Full Name)

2241 Rayburn House Office Building — 202-225-2815
(Mailing Address) — Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Virginia District Third	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	United States Tobacco Company	Tennis Tournament	Jan,4,5 & 6,'91	$1,000
	Council for Advancement & Support of Education	Speech	Feb. 4, 1991	$250
	Grocery Manufacturers of America, Inc.	Speech	Feb. 21, 1991	$1,000
	Merck & Company, Inc.	Speech	Feb. 22, 1991	$2,000
	Smokeless Tobacco Council, Inc.	Speech	April 9, 1991	$1,000
	United States Tobacco Company	Speech	April 19-21,'91	$2,000
	American Society of Anesthesiologists	Speech	May 13, 1991	$1,000
	Independent Power Producers Conference	Speech	May 21, 1991	$1,000
	Grocery Manufacturers of America, Inc.	Speech	June 6, 1991	$1,000
	The Tobacco Institute	Speech	June 18, 1991	$2,000
	Sandoz Corporation	Speech	Sept. 30,1991	$1,000
	National Food Processors Association	Speech	Oct. 3, 1991	$2,000
	Cigar Association of America, Inc.	Speech	Nov. 16, 1991	$2,000

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples.	S	ABC Corporation Stock			X								X									X										X
			George Wash. Credit Union Accounts				X									X									X								
			182 Main Street, Dover, Delaware					X							X									X									
	American Home Products							X						X										X									
	Burlington Northen						X							X									X										
	Burlington Resources						X							X									X										
	Cigna Corporation						X							X									X										
	C&S/Sovran Corporation							X						X											X								
	CSX Corporation					X								X							X												X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS J. BLILEY, JR.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Chesapeake Corporation				X							X										X							
Contel Corporation (new name - GTE Corp)				X							X									X								
Crestar Financial Corporation				X							X											X						
Dominion Resources, Inc.				X							X										X							
Dow Chemical Company				X							X										X							
Ethyl Corporation			X								X									X								
Home Beneficial Corporation				X							X										X							
Jefferson Bankshares				X							X									X								
Media General, Inc.				X							X									X								
Reynolds Metals			X								X									X								
Telefonos de Mexico			X								X								X									X
Jefferson National Bank-Checking			X										X							X								
Alliance Tax Exempt Reserves				X									X									X						
Capitol Regional Airport Bonds				X									X									X						
Fairfax County, Va., Municipal Bonds				X									X								X							

[redacted] (Form A)

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS J. BLILEY, JR.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
West Point, Va., Municipal Bonds				X									X							X							
Winchester, Va., West Cant. Munic. Bonds				X									X							X							
Norfolk, VA., West Cant. Munic. Bonds			X										X						X								
U. S. Treasury Notes					X								X								X						X
Joseph W. Bliley Real Estate Corp. (Stock)			X													None	X										
The New Economy Fund (Keogh)				X							X			X						X							
IRA-Alliance Capital Reserve Money Market Fund/Government Securities				X									X							X							
Prudential Insurance			X								X								X								

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	CSX Corporation	x			2/13/91	x						
	Telefonos de Mexico	x			4/24/91	x						
	Telefonos de Mexico	x			7/30/91	x						
	U. S. Treasury Notes	x			7/30/91			x				

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Cigar Association of America	Cigar Humidor	$185.45

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
United States Tobacco Company	1991 1/4-6	Roundtrip air from Wash, D.C. to Boca Raton, Fl., 2 nights lodging and meals, self & spouse in connection	
		With Jack Africk Charity Pro-Am Tennis Tournament	
Congressional Charity Tennis	3/1-3	Two nights lodging & meals, White Sulphur Springs, W.	
Tournament		Va., self & spouse, in connection with tournament	
The Congressional Institute	3/14-16	Transportation, meals & lodging, Princeton, New Jersey, in connection with 1991 Conference.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Burson-Marsteller	1991 3/17-18	Roundtrip air from Washington, D.C., to Myrtle Beach, S.C., 1 night lodging & meals in connection with speech	
National Assn. of Broadcasters	4/12-15	Roundtrip air from Washington, D.C., to Las Vegas, Nevada, 3 nights lodging & meals, self & spouse, in connection with speech	
United States Tobacco Company	4/19-21	Roundtrip air from Washington, D.C., to Palm Beach, Florida, 2 nights lodging & meals, self & spouse, in connection with speech	
New York Stock Exchange	4/28-29	Air transportation from Richmond, Va., to New York City and return to Washington, D.C., 1 nights lodging & meals in connection with speech & tour	
CSX Corporation	5/25-28	Three nights lodging & meals, White Sulphur Springs, W.Va., self & spouse, in connection with speech	
German Marshall Fund	8/9-15	Roundtrip air from Washington, D.C. to Stockholm, Sweden, 6 nights lodging & meals, self & spouse, in connection with a fact-finding trip	
Philip Morris Company, Inc.	9/6-9	Air transportation from Richmond, Va., to New York City and return to Washington, D.C., 3 nights lodging & meals in connection with meetings & speech	
Hoffmann-La Roche	10/27-28	Air transportation from Richmond, Va., to Newark, N.J. and return to Washington, D.C., 1 night lodging and meals in connection with meeting and tours	
Cigar Association of America	11/15-17	Roundtrip air from Washington, D.C., to Orlando, Florida, 2 nights lodging & meals, self & spouse, in connection with speech	

Reporting Individual's Name
THOMAS J. BLILEY, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tom Bliley	May 11, 1992

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

92 14 06

Sherwood L. Boehlert
(Full Name)

20 Stone Bridge Road
(Mailing Address)

New Hartford, New York 13413

Telephone: 315/733-4779

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 25th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

SHERWOOD L. BOEHLERT

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Philip Morris Companies Washington, D. C.	Speech	Sept. 23, 1991	$2,000.00
	Northern Textile Association Cooperstown, New York	Speech	Oct. 7, 1991	$ 500.00

Reporting Individual's Name

SHERWOOD L. BOEHLERT

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and; financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	GPO Credit Union			X										X						X									
JT	General Money Market Fund		X											X						X									
JT	NBT Common Stock			X								X								X									
JT	Rubbermaid Common Stock			X								X								X									Sold
JT	Marietta Common Stock		X																X										
JT	Limited Partnership Utica Baseball Club			X															X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
SHERWOOD L. BOEHLERT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

[redacted] (Form A)

Reporting Individual's Name

SHERWOOD L. BOEHLERT

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
JT	Rubbermaid Common Stock		X		10/23/91	X						

Reporting Individual's Name
SHERWOOD L. BOEHLERT

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name
SHERWOOD L. BOEHLERT

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
Danny Thompson Memorial Golf Tournament, Sun Valley, Idaho	Golfing supplies	$200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C. to Seattle, 3 days food & lodging, self and spouse	
Danny Thompson Memorial Golf Tournament	Aug. 23-25 1991	Roundtrip Air From New York to Idaho Two nights lodging	
The Princeton Retreat Princeton, N.J.	Mar. 14-15 1991	Train from D.C. to NJ - Overnight lodging and meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Sherwood L. Boehlert

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: SHERWOOD L. BOEHLERT

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Limited Partner	Utica Baseball Club

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] N.A. [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N.A. [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sherwood L. Boehlert

DATE (Month, Day, Year): 5-14-92

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : : 15 P 4:10

(8)

HAND DELIVERED

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(Office Use Only)

John Andrew Boehner
(Full Name)

7471 Sleepy Hollow Drive — 225-6205
(Mailing Address) — Telephone

West Chester, Ohio 45069

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 8	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name: John Andrew Boehner

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X								X
Examples: George Wash. Credit Union Accounts				X									X									X						
Examples: 182 Main Street, Dover, Delaware					X							X									X							
Nucite Sales, Inc. Stock									X		X															X		
Nucite Sales Inc Pension Plan Trust						X											n/a	X										
Nucite Sales, Inc. Profit Sharing Trust							X										n/a	X										
State of Ohio Public Employee Retirement Plan				X													n/a	X										
State of Ohio Deferred Compensation Plan					X												n/a	X										
Friends of John Boehner - Loan to Campaign						X												X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John Andrew Boehner

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Frogmoor IV - 16 Water Oak, Hilton Head, S.C. - 50% (Rental)						X						X											X				SOLD
Frogmoor IV						X								X										X			SOLD
7908 Cin.-Day Rd. Suite I, West Chester, OH - office bldg.						X						X												X			
Rolling Ridge Assoc. - Real Estate Lmt. Part. - owns				X							X							X									
Rolling Ridge Apts., Montana Ave., Cincinnati, OH																											
Gradison & Co. - Mutual Fund					X								X								X						
First National Bank of Southwestern Ohio Accounts		X											X						X								

(Form A)

Reporting Individual's Name

John Andrew Boehner

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Frogmoor IV - 16 Water Oak, Hilton Head. S.C. 50% (Rental Property)		X		9/19/91				X			

Reporting Individual's Name
John Andrew Boehner

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bank One - Middletown, Ohio	Mtg. on West Chester office bldg.			X				
	Loyola Federal S&L - Hilton Head, S.C.	Mtg. on Frogmoor IV rental property (50%)-pd. off 1991			X				

Financial Disclosure A-4

Reporting Individual's Name: John Andrew Boehner

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Cong. Res. Serv., Amer. Enter. Inst., Brookings Inst. (Freshman Orientation)	Jan. 4-7 1991	Roundtrip transportation from Wash. D.C. to Williamsburg, VA; 3 nights food and lodging	
Ohio Bell (Telecommunications Demonstration Project) -- fact-finding	Feb. 9-12, 1991	Roundtrip transportation from Cincinnati, OH to Orlando, Fla.; 3 nights food and lodging for self and spouse	
Cong. Inst. (Republican Issues Conference)	Mar. 14-16, 1991	Transportation from Wash. D.C. to Princeton, N.J.; 2 nights food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John Andrew Boehner

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Congressional Charity Golf Tournament, Inc.	Sept. 6-8 1991	2 nights food and lodging at Greenbrier, W.Va., for self and spouse	
Congressional Institute (Freshman Class Retreat)	Nov. 2-3 1991	1 night food and lodging at Boston, VA for self and spouse	
Corning, Inc. (Tax and trade public policy conference)	Dec 6-8 1991	Transportation from Augusta, GA to Wash. D.C.; 2 nights food and lodging	
-- panel discussion; private meetings			

Reporting Individual's Name
John Andrew Boehner

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director - non-comp.	Nucite Sales, Inc.
Limited Partner	Nucite Sales LP
Limited Partner	Rolling Ridge Associates
Director - non-comp.	American Heart Association - Middletown, Ohio Chapter

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	Nucite Sales, Inc. - Pension and Profit Sharing Plans	Continued Interest - no add. contr.
	State of Ohio - Pension and Deferred Comp. Plans	Continued Interest - no add. contr.
	Nucite Sales LP - Partnership Agreement	Lmt. Part.

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John A. Boehner	5/14/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

92 . . 15 12 5:04

David Edward Bonior
(Full Name)

23 Dickinson - Unit E
(Mailing Address)

Mount Clemens, Michigan 48043 — Telephone (313) 465-5842

Filer Status	[X] Member of the U.S. House of Representatives — State: Michigan District: 12th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

HAND DELIVERED

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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U. S. House of Representatives	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

David Edward Bonior

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
National Cable Television Association	Speech	March 24,1991	$ 1,500
National Marine Manufacturers Association	Speech	May 14, 1991	$ 1,500
The Connell Company	Speech	June 17,1991	$ 2,000

Reporting Individual's Name
David Edward Bonior

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	Wright Patman Cong.Fed. Cr. Un.					X										X							X									
S	Wright Patman Cong.Fed.Cr.Un.IRA						X							NA-IRA							NA-IRA											
S	Mutual Fund - Keystone S-4						X							X			X						X									X

For additional assets and unearned income, use next page

Reporting Individual's Name: David Edward Bonior

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Mutual Fund, Keystone S-4	X			July&Dec. reinvestment of capital gains&dividends	X						

Reporting Individual's Name

David Edward Bonior

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name
David Edward Bonior

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Cable Television Assn.		Mar.23-26,1991	Roundtrip Air Travel from Wash.D.C. to New Orleans,LA plus three(3) days food and lodging	
The Connell Company		Jun.17,1991	One-way Air Travel from Wash.D.C. to Newark, N.J.	
Michigan Beer & Wine Wholesalers		Aug. 12-14,1991	Three (3) days food and lodging for self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: David Edward Bonior

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	Gallaudet University

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
David E. Bonior	May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(6)

RECEIVED
1992 MAY 15 AM 10: 17
U.S. House of Representatives

HAND DELIVERED

MC (Office Use Only)

Robert A. Borski
(Full Name)

407 Cannon HOB
(Mailing Address)

202/225-8251
Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State PA District 3	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Eventmakers Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Robert A. Borski

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE [X]

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			162 Main Street, Dover, Delaware					X						X									X							

For additional assets and unearned income, use next page

Reporting Individual's Name: Robert A. Borski

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Robert A. Borski

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [x]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del.				X			

Reporting Individual's Name
Robert A. Borski

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [x]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	Railway Progress Inst.	Feb. 14 - 17 1991	Roundtrip air fare Phil-Miami, 3 days	
			food, transportation, lodging for self	
			and spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Robert A. Borski

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

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SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Robert A. Borski	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 14 AM 8 44 (9)

Frederick C. Boucher
(Full Name)

405 Cannon House Office Building, Washington, D.C. 20515
(Mailing Address) Telephone

INSIDE MAIL

Filer Status	[X] Member of the U.S. House of Representatives	State Virginia District Ninth	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Frederick C. Boucher

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
None				

Reporting Individual's Name

Frederick C. Boucher

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	NationsBank Checking Account					X										X							X									
	First Virginia Bank-Savings Act.							X								X									X							
	First Virginia Bank-Common Stock						X							X								X										X
	First Virginia Bank-Preferred Stock					X								X							X											
	Individual Retirement Acct 1st VA Bank						X									X									X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Frederick C. Boucher

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Lot in Town of Damascus			X																									

Reporting Individual's Name: Frederick C. Boucher

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	First Virginia Bank Common Stock		X		7-8-91		X					

Reporting Individual's Name

Frederick C. Boucher

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Frederick C. Boucher

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
RJR Nabisco Corporation		May 2-3 1991	Roundtrip air transportation from Wash D.C. to Winston-Salem & one nights lodging	
Amvest Corporation		Oct 21-22, 1991	Roundtrip air transportation from Wash. D.C. to Charlottesville, VA & one nights lodging for speech	
National Association of Broadcasters		Jan 25-27, 1991	Roundtrip air travel from Wash. D.C. to Napels, Florida & 3 nights lodging for speech	
Keystone Center		April 3-5, 1991	Roundtrip air travel from Wash. D.C. to Keystone, Co. for presentation to Forum on Public Utility Reform(3 nights stay)	
Tobacco Institute		Jan 16-17, 1991	Roundtrip air travel to La Quinta, CA from Wash D.C. & one nights lodging for presentation to legislative conference	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Frederick C. Boucher

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (itinerary and Nature of Expenses)	Gift (X)
United States Telephone Association	April 21 -23, 1992	Roundtrip air travel from Wash D.C. to White Sulfur Springs, WV & 3 nights lodging for speech to legislative conference	
Coalfield Economic Development Authority; New River Economic Alliance; VA. Dept. of Economic Development	March 18, 1992	Air transportation to industrial sites with corporate prospects in Scott, Dickenson, Russell, Tazewell & Pulaski Counties	
Coalfield Economic Development Authority; VA Dept. of Economic Development	May 10, 1992	Air travel to industrial sites in Scott, Dickenson, Wise Russell and Washington Counties and the City of Bristol with corporate prospect	
New River Economic Development Alliance; VA Dept. of Economic Developmetn	Sept. 16 1991	Air travel to industrial sites in Montgomery, Wythe, Smyth & Washington Counties and the City of Radford with corporate prospect	
Virginia Coal Council	Oct. 28 1992	Roundtrip air travel from Wash D.C. to Norfolk, VA & one nights lodging for keynote address to Annual Coal Confer.	
Phillip Morris, Inc.	July 10 1992	Roundtrip air travel from Wash. DC to Bluntville, TN for speech to Corporate Counsel	
Great Lakes Conference of Utility Commissioners	July 7, 1991	Roundtrip air travel from Wash D.C. to White Sulfur Springs WV & one nights lodging for speech to utility conference	
Furman Seltz, Inc.	Aug. 21, 1991	Roundtrip air travel to NY & one nights lodging for speech to financial analysts on advances in telecommunications polic y	
The Burley Council	June 23, 1991	Roundtrip air travel from Wash D.C. to Nashville, TN & one nights lodging for speech to Burley Tobacco Conference	
C & P Telephone Co. of VA	April 15, 1991	Roundtrip air travel from Wash D.C. to Bluntville, TN for speech	
Equitable Resources, Inc.	Nov. 15, 1991	Air travel from Kingsport, TN to Nora, VA & return for fact finding	
C & P Telephone Co. of VA	Jan 28, 1991	Roundtrip air travel from Wash D.C. to Richmond, VA & one nights lodging for speech to management conference	

Reporting Individual's Name: Frederick C. Boucher

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Member, Board of Directors	First Virginia Bank, Mountain Empire
Member, Board of Directors	The Nature Conservancy of Virginia

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) — Yes [ ] No [X] NA [ ]

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SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Frederick C. Boucher	May 7, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(16)

Congresswoman Barbara Boxer
(Full Name)

307 Cannon
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: CA. District: 6th	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Stewart Boxer, spouse, partnership draw from law firm		NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Rep. Boxer

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name
Rep. Boxer

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)										Type of Income (X)								Category of Amount of Income (X)											
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X										X
			George Wash. Credit Union Accounts				X									X									X								
			182 Main Street, Dover, Delaware					X							X									X									
JT	Ralston-Purina					X								X									X										
"	Public Storage Properties					X								X										X									
"	QSR Income Properties Ltd.						X							X									X										
"	Technology Funding Partners					X										X							X										
"	Dryers Grand Ice Cream Stock						X							X									X										
"	Drexler Corp Stock					X								X									X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Rep. Boxer

Continuation Sheet (if needed) one

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
JT	Genentech Corp. Stock			X								X								X									
"	Apple Computer Stock				X							X								X									
"	North American Life Ins. Co.				X									X									X						
"	Compass II				X														X										
"	Capital Life Ins. Co.					X													X										
"	3% Interest/Barclay's Plaza Oakland				X							X								X									
"	Pollock Partners/Scottsdale Investors				X							X								X									
"	Bedford Tax-Free Money Market Fund			X										X								X							
"	Massachussetts Cash Management	X	(sold)											X							X								
"	MFS Managed Muni Bond Trust	X	(sold)											X										X					
"	Franklin Cal. Ins. TF	X	(sold)											X									X						
"	Following are retirement accounts																												
	First Nat'l. Bank of Boston			X								X			X				X										
	First Nat'l. Bank of Boston			X								X			X				X										
	Wells Fargo Savings Accounts			X										X					X										

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Rep. Boxer

Continuation Sheet (if needed) two

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
(Retirement Accounts continued)																													
Fidelity Investments				x											x					x									
Resources Trust				x								x								x									
Resources Trust	s						x					x	x	x									x						
Hallwood Realty Partners, LP	s			x								x							x										
IBM Stock	s				x							x									x								
MFS Government Sec. Trust	s				x							x											x						
U.S. STRIPS Profit Sharing Plan	s				x							x							x	(until maturity)									
Cash Account Profit Sharing Plan	s				x									x					x										
U.S. STRIPS IRA	s						x							x					x	(until maturity)									
Cash Account IRA	s					x								x					x										
(not retirement)																													
Dean Witter/Sears Money Mkt.	JT	x	(sold)											x									x						

(see additional continuation sheets)

Continuation sheet three
PARTS II and III ASSETS AND UNEARNED INCOME

(all items are stock, jointly held, and all income is dividends)

	Valuation Category	Income Category
A T&T	B	I
Affymax	B	I
Banc One	B	I
Bard (C.R.)	B	I
Baxter International	B	I
Cadence	B	I
Cisco Systems Inc.	B	I
Dana Corp	B	I
Duracel	B	I
Exel	B	I
Federal Nat'l Mtge	B	I
Gannett Co	B	I
Glaxo Holdings	B	I
J P Morgan	B	I
Merck & Co	B	I
Novell Inc	B	I
Pepsi	B	I
Quaker Oats	C	I
R.P. SCHERER	B	I
Rohm & Haas Co	B	I
Telefonos de Mexico	B	I
Toys R Us	B	I
U.S. West Inc.	B	I
W.R. Grace	B	I
Zilog	B	I

Broad Inc. Preferred	B	I
Health Equity Prop	B	I
Kimco Realty	B	I
Meditrust SBI	B	I
Nationwide Health	B	I
Properties	B	I

Continuation sheet four

PARTS II and III ASSETS AND UNEARNED INCOME
(all items jointly held; income is interest)

Municiple Bonds	Valuation Category	Income Category
Fresno Health Fac Rev Holy Cross Hlth Sys 5.200% Due 06-01-94	C	I
Assn Bay Area Govt CA Watsonville 6.500% Due 06-01-95	C	II
Contra Costa Transportation Sales Tax Rev 6.000% Due 03-01-96	C	I
Calif Pub Works Corcoran Ca 9-1-96 @ 102 6.900% Due 09-01-97	C	None
Met Water Dist So Calif NC 6.000% Due 07-01-98	C	None
California PUB WKS-Madeira CA NC 6.900% Due 09-01-99	C	II
San Diego Cnty Regl Transp CA 6.400% Due 04-01-01	C	II
Sacramento MUD ELEC CA FGIC - NC 6.000% Due 07-01-02	C	None
Accrued Interest		

Government Bonds

U.S. Treasury Note Ser C-96 7.375% Due 05-15-96	C	None
U.S. Treasury Note 8.750% Due 10-15-97	C	None
Accrued Interest		

Continuation sheet five

PARTS II and III ASSETS AND UNEARNED INCOME

(all items are jointly held and all income is capital gains unless interest is also noted)

Item	Valuation Category	Income Category
Stratus Computer Stock	B	II
Kellogg Stock	B	II
Republic New York Stock	B	II
Seagrams	B	II
Brookhaven NT MBIA 7.% due 5-1-94	D	IICG /III Interest
Los Angeles Wastewater 7.% due 2-01-08	C	IICG / II Interest
Limited Stock	B	II
U.S. Treasury Notes	E	III / IV Interest

Reporting Individual's Name
Rep. Boxer

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Massachussetts Cash Management (closed account)		x		91	x						
JT	MFS Managed Muni Bond Trust (closed account)		x		91				x			
JT	Franklin Cal. Ins. TF (closed account)		x		91			x				
JT	Dean Witter/Sears Money Mkt. (closed account)		x		6-7-91				x			
S	Liquid Asset/Dean Witter(retirement account closed)		x		4-10-91		x					
	(see continuation sheets)											

Continuation sheet one

PART IV TRANSACTIONS

SALES Date	AMOUNT	Security
07-30-91	C	F.F.C.B. Discount Notes Due 8-12-91 0.000% Due 08-12-91
08-07-91	C	F.F.C.B. Discount Notes Due 8-12-91 0.000% Due 08-12-91
08-12-91	D	F.F.C.B. Discount Notes Due 8-12-91 0.000% Due 08-12-91
07-05-91	C	Federal Farm Credit Bank Discount Notes 0.000% Due 07-12-91
07-09-91	D	Federal Farm Credit Bank Discount Notes 0.000% Due 07-12-91
07-12-91	F	Federal Farm Credit Bank Discount Notes 0.000% Due 07-12-91

Continuation sheet two

PART IV TRANSACTIONS

Every item on this sheet falls into category B, amount of transaction. All items are stock.

PURCHASES

06-27-91	A T&T
12-17-91	Affymax
09-30-91	Banc One
06-27-91	Bard (C.R.)
07-11-91	Bard (C.R.)
07-18-91	Baxter International
10-29-91	Cadence
09-23-91	Campbell's Soup
09-19-91	Cisco Systems Inc.
07-03-91	Dana Corp
11-06-91	Duracel
09-30-91	Exel
07-15-91	Federal Nat'l Mtge
07-16-91	Federal Nat'l Mtge
07-18-91	Federal Paper Board
06-27-91	Gannett Co
07-11-91	Gannett Co
11-07-91	Glaxo Holdings
10-23-91	Immune Response
09-23-91	J P Morgan
07-11-91	KELLOGG
09-19-91	Limited
11-12-91	Merck & Co
07-11-91	Monsanto
12-20-91	Novell Inc
12-20-91	Pepsi
10-10-91	Quaker Oats
10-11-91	R.P. SCHERER
07-18-91	Republic New York
07-11-91	Rohm & Haas Co
07-17-91	Seagrams
07-12-91	Stratus Computer
08-12-91	Telefonos de Mexico
07-18-91	Toys R Us
06-13-91	U.S. West Inc.
09-23-91	W.R. Grace
09-25-91	Zilog
10-11-91	Broad Inc. Preferred
09-19-91	Health Equity Prop
11-22-91	Kimco Realty
09-19-91	Meditrust SBI
09-19-91	Nationwide Health Properties

Continuation sheet three

PART IV TRANSACTIONS

PURCHASES	AMOUNT	
08-01-91	C	Assn Bay Area Govt CA Watsonville 6.500% Due 06-01-95
06-13-91	D	Brookhaven NT MBIA 7.000% Due 05-01-94
09-19-91	C	Calif Pub Works Corcoran Ca 9-1-96 @ 102 6.900% Due 09-01-97
07-11-91	C	California PUB WKS-Madeira CA NC 6.900% Due 09-01-99
07-12-91	C	Contra Costa Transportation Sales Tax Rev 6.000% Due 03-01-96
10-30-91	C	Fresno Health Fac Rev Holy Cross Hlth Sys 5.200% Due 06-01-94
07-19-91	C	Los Angeles Wastewater CA 7.000% Due 02-01-08
07-18-91	C	Met Water Dist So Calif NC 6.000% Due 07-01-98
10-18-91	C	Sacramento MUD ELEC CA FGIC - NC 6.000% Due 07-01-02
08-08-91	C	San Diego Cnty Regl Transp CA 6.400% Due 04-01-01
08-12-91		U.S. Treasury Note 6.875% Due 07-31-93
06-07-91		U.S. Treasury Note 8.250% Due 09-30-93
06-07-91	F	U.S. Treasury Note 7.625% Due 10-31-91
12-26-91		U.S. Treasury Note 8.750% Due 10-15-97
08-20-91		U.S. Treasury Note Ser C-96 7.375% Due 05-15-96
07-12-91	F	F.F.C.B. Discount Notes Due 8-12-91 0.000% Due 08-12-91
06-21-91	F	Federal Farm Credit Bank Discount Notes 0.000% Due 07-12-91

Cumulative total of T Notes

Continuation Sheet four

PART IV TRANSACTIONS

SALES	AMOUNT	
07-02-91	B	A T&T
10-09-91	B	Campbell's Soup
09-30-91	B	Federal Paper Board
11-13-91	B	Immune Response
09-23-91	B	KELLOGG
12-16-91	B	Limited
09-23-91	B	Monsanto
09-23-91	B	Republic New York
09-23-91	B	Seagrams
07-19-91	B	Stratus Computer
10-21-91	D	Brookhaven NT MBIA 7.000% Due 05-01-94
11-18-91	C	Los Angeles Wastewater CA 7.000% Due 02-01-08
08-19-91		U.S. Treasury Note 6.875% Due 07-31-93
09-26-91	Cumulative total of T notes	U.S. Treasury Note 8.250% Due 09-30-93
10-21-91	E	U.S. Treasury Note 8.250% Due 09-30-93
11-13-91		U.S. Treasury Note 8.250% Due 09-30-93
08-19-91		U.S. Treasury Note 7.625% Due 10-31-91
09-26-91		U.S. Treasury Note 7.625% Due 10-31-91
11-06-91		U.S. Treasury Note Ser C-96 7.375% Due 05-15-96
11-18-91		U.S. Treasury Note Ser C-96 7.375% Due 05-15-96
12-30-91		U.S. Treasury Note Ser C-96 7.375% Due 05-15-96
07-17-91	D	F.F.C.B. Discount Notes Due 8-12-91 0.000% Due 08-12-91
07-19-91	C	F.F.C.B. Discount Notes Due 8-12-91 0.000% Due 08-12-91
07-23-91	C	F.F.C.B. Discount Notes Due 8-12-91 0.000% Due 08-12-91

Reporting Individual's Name

Rep. Boxer

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE [XX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Rep. Boxer

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [xx]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash D.C to Seattle, 3 days food & lodging, self and spouse	
Rancho Santiago College, Santa Ana		4-26-91-4-27-91	SF-Orange County/LAX-SFO return and lodging; self only	
Armenian Nat'l. Committee		8-30-91 to 9-4-91	LA-Moscow-Armenia and return/meals, lodging, self and spouse	
Eagleton Inst., Rutgers Univ.		11-15-91-11-16-91	SF-San Diego and return and lodging; self only	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: Rep. Boxer

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [XX]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): May 7, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

HAND DELIVERED

Bill K. Brewster
(Full Name)

P.O. Box 368, Marietta, OK 73448 — 405-276-5525
(Mailing Address) — Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: OK District: 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Marietta Discount Pharmacy, Marietta, OK	Wages	$320.00
	Oklahoma Gas and Electric (10-28-91)	Spouse Speech	$500.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Bill K. Brewster

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	The Tobacco Institute, Washington, D.C.	Speech	Oct. 8, 1991	$2,000(2 payments of $1,000 each)

Reporting Individual's Name

Bill K. Brewster

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
		Houston Industries				X														none											
		Ford Motors	X										X			X						X									X
		Southern Company	X										X			X						X									X
		Texas Utilities			X								X			X							X								X
		IRA First Texas Ban Corp - Savings			X															X											
		First Texas Ban Corp Stock		X																											

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Bill K. Brewster

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Durant Bank and Trust-Savings, Durant OK				X													none	X									
Rental Property-South Hwy. 77 Marietta, OK				X								X										X					
Rental Property-(Lumber Yard) Marietta, OK				X								X								X							
Brewster Angus Farm-including livestock and equipment							X										cattle sales						X	(gross)			
Bill Brewster for Congress				X														X									
40 Acres Mineral Interest-Washita County, OK					X												royalties		X								
Boatmens First National Bank-Tax Exempt Bonds						X							X										X				
GTE Stock			X								X								X								
Arkla Oil Co.			X														none										
Brewster Thoroughbred Farm-(see Part B)			X									none						X									

(Form A)

Reporting Individual's Name

Bill K. Brewster

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Texas Utilities Common Stock	X			5-24-91	X						
	Texas Utilities Common Stock		X		11-12-91	X						
	GTE Common Stock	X			8-8-91	X						
	Arkla Oil Company Common Stock	X			11-25-91	X						
	Ford Motor Company Common Stock		X		1-24-91	X						
	Southern Company Common Stock		X		1-24-91	X						

Reporting Individual's Name

Bill K. Brewster

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Bank of Marietta, Marietta, OK	Personal Loan		X					
	Exchange National Bank, Ardmore, OK	Mortgage on RE Bldg., Hwy 77 Marietta		X					

Reporting Individual's Name: Bill K. Brewster

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Association of American Railroads (AAR)	March 2-4 1991	Round-trip air travel DFW/PHX/ATL/DCA, meals and lodging, self and spouse - speech	
American Pharmaceutical Association	March 9-10 1991	Round-trip air travel, New Orleans, LA, meals and lodging, self and spouse - speech	
National Boards of Pharmacy	May 4-5 1991	Round-trip airfare for spouse, one-way airfare for self, meals and lodging one night, self and spouse, Indianapolis,IN-speech	
American Society of Hospital Pharmacists (ASHP)	May 31-June 2,1991	Round-trip airfare DC to San Diego, meals and lodging two nights, self and spouse - speech	
AIPAC Trip to Israel	Aug. 8-16 1991	Round-trip airfare, food and lodgings, self and spouse, fact-finding, 6 non-travel days	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name

Bill K. Brewster

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
National Association of Chain Drug Stores	Aug. 25-28 1991	Round-trip airfare, meals, lodging for three nights, self and spouse, speak and attend annual meeting in San Francisco, CA	

Reporting Individual's Name: Bill K. Brewster

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Partner	Brewster Thoroughbred Farm

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Bill K. Brewster	5-14-92

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

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HAND DELIVERED

MC

(Office Use Only)

Jack Brooks
(Full Name)

2449 Rayburn House Office Building
(Mailing Address)

202-225-6565
Telephone

Washington, D.C. 20515

Filer Status	X Member of the U.S. House of Representatives	State TEXAS District 9th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	First Bank & Trust, Groves, TX	SPOUSE	NA
	First National Bank, Silsbee, TX	SPOUSE	NA
	First State Bank, Lumberton, TX	SPOUSE	NA
	Credit Life Insurance, Groves, TX	SPOUSE	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

JACK BROOKS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Design Professionals Coalition, Washington, D.C.	Speech	Feb. 25, 1991	$ 2,000.

Reporting Individual's Name

JACK BROOKS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	Less than $1,001 (A)	$1,001 - $15,000 (B)	$15,001 - $50,000 (C)	$50,001 - $100,000 (D)	$100,001 - $250,000 (E)	$250,001 - $500,000 (F)	$500,001 - $1,000,000 (G)	over $1,000,000 (H)	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																											
S	Examples: ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	First of Groves Corp., Groves,TX:stock									X		X														X		
	First National Bank,Silsbee,TX: stock									X									X									X
	First State Bank, Lumberton,TX: stock							X				X											X					X
	W.F.Brooks Estate,Inc.Crowley,LA:stock			X								X										X						
	First Bank & Trust,Groves,TX:accounts					X								X									X					
	First National Bank,SilsbeeTX:accounts						X							X									X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JACK BROOKS

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
First State Bank,Lumberton,TX:account					X								X								X								
Congressional Fed. Credit Union:account			X										X						X										
Hamilton Assoc.,NY,NY.LTD Partnership real estate:office complex,Peapack,NJ						X												X											
Corley Freeway,LTD Partnership,Real estate:25 acres,Corley Ave,Beaumont,TX.				X														X											X
Jasper Inn,LTD Partnership,Real estate: 5 ac.,motel/restrnt HWY190&96 JasperTX					X												Pntnrship income					X							
JBS Associates,Inc; one-third interest land: .962 ac.tract,W.Parkwy,GrovesTX.				X														X											
Neches Building Corp., Silsbee, TX. 100% interest. Assets listed below:																													
Neches Building Corp. asset: 100 acres, Kountze, TX					X													X											
Neches Building Corp. asset: 3.139 acres, Nederland, TX						X												X											
Neches Building Corp. asset: Condominium:Woodbrook,College Stat. TX.				X								X										X							
Neches Building Corp. asset: Account, First Natl.Bank, Silsbee,TX.			X										X							X									
Jerry Rawls mortgage note.Real estate: McQueen Park Subdivision,Jasper, TX.				X														X											
Mineral rights, 160 acres, Jefferson County, TX (.0102 interest)		X																X											
18 acres land, Jasper County, TX				X														X											
106.9 acres land, Polk County, TX					X													X											

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JACK BROOKS

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	117.4 acres land, Jefferson County, TX					X													X										
	13.12 acres land, Orange County, TX				X														X										
	40 acres land, Newton County, TX				X														X										
	3/4 acre land, San Augustine County, TX			X															X										
	House, barn and 262.2 acres land, Jasper County, TX							X											X										
	Cabin and 16 acres land, Loudoun County, VA						X												X										
S	SPOUSE Groves Employee Savings Plan					X													X										
S	SPOUSE First Bank&Trust Groves Retirement Plan					X													X										
DC	Katherine I. Brooks Trust, Tyler,TX Assets: First of Groves stock; First State Bank, Lumberton stock; CDs, cash account						X											Trust Distribution				X							X
DC	Kimberly G. Brooks Trust, Tyler, TX Assets: First of Groves stock; First State Bank, Lumberton stock; CDs, cash account						X												X										X
DC	Wilson Grandchildren Trust, Fort Worth, TX. Assets: CDs & cash				X													Trust Distribution						X					

[redacted] (Form A)

Reporting Individual's Name
JACK BROOKS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	First National Bank of Silsbee: stock	X			11-7-91		X					
	First State Bank of Lumberton: stock	X			eight trans-actions		X					
	Transaction of Katherine Brooks Trust & Kimberly Brooks Trust. First State Bank of Lumberton: stock	X			2-12-91		X					
	Transaction of Corley Freeway LTD Partnership. 3.2 acres land		X		7-3-91	X						

Reporting Individual's Name

JACK BROOKS

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	First City, Texas - Beaumont, N.A.	Investment loans				X			

Reporting Individual's Name
JACK BROOKS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Rifle Association SPEECH		April 13-14,1991	One way air transportation Beaumont, TX to San Antonio, TX. One night lodging and meals.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JACK BROOKS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	First of Groves Corporation, Groves, TX
Director	First Bank & Trust, Groves, TX
Director	First National Bank, Silsbee, TX

Continued on A-6a

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)

GPO 1991 50-287 (m)

Reporting Individual's Name
JACK BROOKS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	First State Bank, Lumberton, TX
Vice-President	JBS Associates, Inc., Groves, TX

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jack Brooks	MAY 15, 92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 11 AM 10 29 (8)

HAND DELIVERED

MC
(Office Use Only)

William S. Broomfield
(Full Name)

9910 East Bexhill Drive, Kensington, Maryland 20895 (301) 942-4882
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State ____ District ____	[ ] Officer or Employee — Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date ____

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

William S. Broomfield, M. C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X								X									X								X
Examples: George Wash. Credit Union Accounts					X									X									X						
Examples: 162 Main Street, Dover, Delaware						X							X									X							
JT	GEORGIA POWER BOND			X										X							X								X
JT	DETROIT EDISON BOND			X										X							X								X
JT	SO CAL EDISON BOND			X										X							X								
JT	ROYAL OAK MICH. MUNICIPAL BOND			X										X							X								
JT	U. S. SAVINGS BONDS			X										X															
JT	U. S. TREASURY NOTES AND BILLS						X							X											X				

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William S. Broomfield, M. C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S. DC. JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	AMERICAN AIRLINES			X														X									
JT	AT&T			X								X							X								
JT	CITIZEN BANCORP			X								X								X							
JT	CONTEL											X							X								X
JT	EXXON				X							X								X							
JT	G.T.E.				X							X								X							X
JT	MERRILL LYNCH READY ASSETS			X								X								X							
JT	M.C.I.					X						X								X							
JT	NORFOLK SOUTHERN				X							X									X						
JT	POTOMAC ELECTRIC			X								X								X							
JT	SO CAL EDISON CORPORATION			X								X								X							
JT	SEARS ROEBUCK AND COMPANY			X								X								X							
JT	NORTHWESTERN NATIONAL LIFE			X								X								X							
JT	CONGRESSIONAL CREDIT UNION			X										X						X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William S. Broomfield, M. C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	CHEVY CHASE SAVING			X									X						X								
	BANK ACCOUNTS MARYLAND																										
JT	CITIZEN BANK ACCOUNTS				X								X							X							
	OF MARYLAND INCLUDING IRA ACCOUNT																										
JT	50% interest inunimproved lot #22						X										X										
	North Matanzas, St.John's Co. Florida																										

[redacted] (Form A)

Reporting Individual's Name

William S. Broomfield, M. C.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	GEORGIA POWER BOND		X		8-13-91	X						
JT	DETROIT EDISON BOND		X		12-18-91	X						
JT	CONTEL merged with G.T.E.			X	3-22-91		x					

Reporting Individual's Name

William S. Broomfield, M. C.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name

William S. Broomfield, M. C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name

William S. Broomfield, M. C.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William S. Broomfield	5/8/92

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 30

7

HAND DELIVERED

JOHN GLEN BROWDER
(Full Name)

1221 LONGWORTH HOB (202) 225-3261
(Mailing Address) Telephone

WASHINGTON, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State AL District THIRD	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [✓]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
BROWDER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or income Source				BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	i Less than $201	ii $201 - $1,000	iii $1,001 - $2,500	iv $2,501 - $5,000	v $5,001 - $15,000	vi $15,001 - $50,000	vii $50,001 - $100,000	viii $100,001 - $1,000,000	ix over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
			U.S. TREASURIES (ZERO COUPON) INT. ACCRUES			X										X								X						
			BALDWIN CTY, EASTERN SHORE HOSP. BONDS			X										X							X							
			STATE OF AL. MUNICIPAL BONDS			X										X							X							
			WRIGHT PATMAN CONGRESSIONAL FEDERAL C.U.				X									X								X						
			TEACHERS RETIREMENT FUND NEW YORK					X									X								X					
			TEACHER'S RETIREMENT SYSTEM STATE OF ALABAMA				X										X						X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BROWDER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	FIDELITY INVESTMENTS (IRA)		X												X					X									
S	FOUNDER'S FUNDS (IRA)			X											X					X									

[redacted] (Form A)

Reporting Individual's Name: BROWDER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	FOUNDER'S FUNDS IRA	X			7-30-91	X						
S	FIDELITY INVESTMENTS IRA (sold + put in Founders listed Above)		X		7-30-91	X						

Reporting Individual's Name
BROWDER

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name
Browder

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☑

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE ☑

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: BROWDER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☑

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
SINCE 1987 ON A YEAR BY YEAR BASIS	SELF AND BOARD OF TRUSTEES, JACKSONVILLE STATE UNIVERSITY	LEAVE WITHOUT PAY OR BENEFITS FROM PRIOR TEACHING POSITION

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Glen Browder	5/9/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

MAY 12 8 19

OUTSIDE MAIL

George E. Brown, Jr.
(Full Name)

2300 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515 — Telephone: 225-6161

Filer Status	[XX] Member of the U.S. House of Representatives	State CA District 36	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of California	Retirement Annuity	$5,830
	U.S. Government	Social Security Ret.	9,978
	U.S. Government	Spouse	38,500

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

GEORGE E. BROWN, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Brookings Institution, Wash., DC	Speech	Jan. 27, 1991	$ 500
General Atomics, San Diego, CA	Speech	Feb. 25, 1991	2000
Brookings Institution, Wash., DC	Speech	May 16, 1991	400
National Technological Univ. Ft. Collins, CO	Speech	May 21, 1991	1000
Brookings Institution, Wash., DC	Speech	Sept. 13, 1991	500
American Chemical Society, Wash., DC	Speech	Nov. 16, 1991	1000
National Space Club, Huntsville, AL	Speech	Apr. 15, 1991	2000
Preston, Gates, Ellis, Rouvelas, & Meeds	Speech	Dec. 3, 1991	1000
Wash., DC			

Reporting Individual's Name

GEORGE E. BROWN, JR.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
Examples: S	ABC Corporation Stock			X								X									X								X
Examples:	George Wash. Credit Union Accounts				X									X									X						
Examples:	182 Main Street, Dover, Delaware					X							X									X							
	Unimproved Lot 8, Tract 339			X																									
	Trust Deed - Note						X							X										X					X Purch.
	Congressional Fed. Credit Un.																												
	Saving Account		X											X						X									
	General Motors Stock - 2 share		X									X								X									
	Single Family Res.					X							X										X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: GEORGE E. BROWN, JR.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
	Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT																												
From previous page: 2695 W. Spruce, San BErn., CA																												
Single Family Residence			X									X							X									
2350 N. Osbun Rd., San Bern., CA																												
Award American ASsociation for the Advancement of Science																					X							

[redacted] (Form A)

Reporting Individual's Name

GEORGE E. BROWN, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Trust Deed	X			Oct. 1990				X			

Reporting Individual's Name
GEORGE E. BROWN, JR.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
S	Merabank, Phoenix, AZ	Mortgage on 2695 W. Spruce St. San Bernardino, CA		X					
	Congressional Fed. Credit Union	VISA	X						
	Congressional Fed. Credit Union	Line of Credit Loan	X						

Financial Disclosure A-4

Reporting Individual's Name
GEORGE E. BROWN, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Illinois Ambassadors		June 17, 1991	ROUNDTRIP FROM WASHINGTON TO CHICAGO MEMBER	842.00
Illinois Ambassadors		June 17, 1991	Ground Transportation "	200.00

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
GEORGE E. BROWN, JR.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
George E. Brown Jr	May 11, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

1992 MAY 22 PM 3 22

MAY 19 1992

mc (Office Use Only)

TERRY L. BRUCE
(Full Name)

423 South Elliott, P. O. Box 206 — 618/395-8585
(Mailing Address) — Telephone

Olney, IL 62450

Filer Status: [X] Member of the U.S. House of Representatives — State: Illinois, District: 19 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

TERRY L. BRUCE

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(if necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Health R US	Speech	February 20, 1991	$1,000
Grocery Manufacturers of America	Speech	March 13, 1991	$1,000
Chemical Specialty Manufacturers Association	Speech	March 20, 1991	$ 500
American Physical Therapy Association	Speech	May 14, 1991	$1,000
National Coal Association	Speech	June 13, 1991	$ 500
National Council of Farmer Cooperatives	Speech	June 24, 1991	$1,000
Grocery Manufacturers of America	Speech	September 12, 1991	$1,000
United Fresh Fruit & Vegetable Association	Speech	September 25, 1991	$ 500
United States Tobacco	Speech	October 2, 1991	$2,000
National Food Processors Association	Speech	October 24, 1991	$2,000
Apple Processors Association	Speech	November 21, 1991	$ 500

Reporting Individual's Name
TERRY L. BRUCE

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X										X
			George Wash. Credit Union Accounts				X									X									X								
			182 Main Street, Dover, Delaware					X							X									X									
	Farmland -- 40 acres Richland County, Illinois						X								X								X										
	International Telephone and Telegraph -- Stock					X								X								X											
	Flora Bank & Trust -- Stock					X								X								X											
	Andalusia Community Bank Stock					X								X								X											
	Bank of Kinney -- Stock					X								X								X											
	First Federal Savings & Loan				X											X						X											

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: TERRY L. BRUCE

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Lincoln Savings & Loan		X											X						X									
Olney Savings & Loan			X										X						X									
First of America			X										X						X									
Kemper Money Market Fund-Tax Exempt			X										X							X								X
Kemper Money Market Fund #1				X									X								X							X
Kemper Money Market Fund #2			X										X							X								X
Kemper Money Market Fund #3			X										X							X								
Illinois General Assembly Retirement System				X														X										
Illinois State Teachers Retirement System			X															X										
Illinois State University Retirement System			X															X										
Farm Equipment			X															X										
Twentieth Century Investors		X																X										
Twentieth Century Investors			X															X										
Bank of Mt. Carmel			X															X										
Bank of Mt. Carmel			X															X										

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
TERRY L. BRUCE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Fidelity Magellan				X															X										
Computers, printers, software				X															X										
Dominion Resources Stock				X								X									X								
Federated Money Market Fund Security Bank Keogh				X								X									X								
Old National Bancorp Stock Security Bank Keogh				X								X									X								
Mt. Carmel Public Utility Stock Security Bank Keogh				X								X									X								

[redacted] (Form A)

Reporting Individual's Name

TERRY L. BRUCE

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Kemper Money Market Fund -- Tax Exempt	X			02-07-91	X						
	Kemper Money Market Fund -- Tax Exempt	X			03-08-91	X						
	Kemper Money Market Fund -- Tax Exempt		X		04-12-91	X						
	Kemper Money Market Fund -- Tax Exempt		X		04-17-91	X						
	Kemper Money Market Fund -- Tax Exempt	X			08-16-91	X						
	Kemper Money Market Fund -- Tax Exempt	X			11-21-91	X						
	Kemper Money Market Fund -- #1		X		04-17-91	X						
	Kemper Money Market Fund -- #1		X		04-17-91	X						
	Kemper Money Market Fund -- #1		X		08-06-91	X						
	Kemper Money Market Fund -- #1	X			11-12-91	X						
	Kemper Money Market Fund -- #2	X			07-18-91	X						

Reporting Individual's Name

TERRY L. BRUCE

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	None								

Reporting Individual's Name
TERRY L. BRUCE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fertilizer Institute	05/31/91-06/03/91	3 nights lodging & meals--self, spouse White Sulphur Springs, West Virginia	
Blue Cross/Blue Shield	10/24/91-10/25/91	1 night's lodging & meals, Champaign, Illinois--self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
TERRY L. BRUCE

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee (w/o compensation)	for Louise Davisson -- Grandmother of my wife
Director (w/o compensation)	Institute for Illinois
Director (w/o compensation)	Illinois Eastern Community Colleges -- International Institute for Continuing Education, Technical Education and Research

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
January 1977	General Assembly Retirement System -- State of Illinois (no current contribution)	Pension, Disability and Death Benefits upon retirement -- no current payments

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Terry L. Bruce	MAY 15, 1992

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

JOHN W. BRYANT
(Full Name)

208 Cannon House Office Building (202) 225-2231
(Mailing Address) Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State TEXAS District 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

DELIVERED
MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Estate of Kahn Husain	Statutory fee for serving as executor of will	577.53

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

JOHN W. BRYANT

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Competitive Telecommunications Association	Speech	Feb. 19, 1991	1,000.00
	Securities Industry Association, Inc.	Speech	March 19, 1991	2,000.00
	National Cable Television Association	Roundtable Participant	March 24,1991	1,500.00
	Polyisocyanurate Insulation Manufacturers Association	Speech	June 3, 1991	1,000.00
	American Horse Council	Speech	June 17, 1991	1,000.00
	Texas Medical Association	Speech	September 14,1991	1,000.00
	The Washington Caucus	Speech	October 9, 1991	500.00
	Mortgage Bankers Association of America	Speech	October 20,1991	1,000.00

Reporting Individual's Name

JOHN W. BRYANT

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	American Holidays, Inc. Stock					X																										X
	30% equity interest in Douglas & Chamberlain Limited				X																											X
	65% equity interest in Douglas & Chamberlain Ltd. held by me solely as trustee for the corporation			X																												X
	House, 7055 Day Street, Dallas, Texas						X								X								X									
	Vanguard Starfund IRA			X										X									X									

For additional assets and unearned income, use next page

Reporting Individual's Name
JOHN W. BRYANT

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	American Holidays, Inc. Stock	X			10-1-91	X						

Reporting Individual's Name
JOHN W. BRYANT

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Wright Patman Congressional Credit Union	Personal	X						
	Standard Federal Savings, Denver, Colorado	Mortgage on 7055 Day Street, Dallas, Texas		X					
	Turtle Creek National Bank 3848 Oak Lawn Avenue, Dallas Texas 75219	Cosigner of business loan		X					

Reporting Individual's Name
JOHN W. BRYANT

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash. D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash D.C. to Seattle, 3 days food & lodging, self and spouse	
National Cable Television Asso.	Mar. 22-25, 1991	Roundtrip Air from D.C. to New Orleans for spouse Air fare D.C. to New Orleans to Dallas for self	
		3 days food and lodging for self and spouse	
Eli Lilly & Company	Mar. 30-April 2, 1991	Roundtrip Air D.C. to Indianapolis for son Air fare D.C. to Indianapolis to Dallas for self	
		3 days food and lodging for self & son	
Texas Medical Association	Sept. 13-14, 1991	Air fare Dallas to San Antonio - Austin to Dallas for self, 1 night lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: JOHN W. BRYANT

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
International Bottled Water Association	Oct. 11-14, 1991	Roundtrip Air fare D.C. to Dallas for daughter 2 nights lodging for self & daughter	
Mortgage Bankers Asso. of America	Oct. 20, 1991	1 night lodging for self	

Reporting Individual's Name: JOHN W. BRYANT

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Chairman and President	Douglas and Chamberlain Ltd.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John W. Bryant

DATE (Month, Day, Year) May 15, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

92 ... 5 PM 3 19

Jim Bunning
(Full Name)

4 Fairway Drive
(Mailing Address)

606/441-5895
Telephone

Southgate, Kentucky 41071-3022

Filer Status	X Member of the U.S. House of Representatives	State KY District 4th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED
ML
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Philadelphia Phillies	Old Timers Baseball	$1,100.00
	Major League Alumni Marketing	Group Endorsements	87.44

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Jim Bunning

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
National Association of Independent Insurers	Speech	Feb. 5, 1991	$ 500.00
U.S.T.	Speech	Mar. 2, 1991	2,000.00
National Tour Association	Speech	Mar. 13, 1991	1,000.00
Philip Morris	Speech	Apr. 24, 1991	2,000.00
Robert J. Gregoire	Appearance at Baseball Card Show	Jun. 8, 1991	1,500.00
Antonio Pimpinella	Appearance at Baseball Card Show	Aug. 1, 1991	2,000.00
American Bankers Association	Speech	Sep. 11, 1991	2,000.00
The Washington Tax Association	Speech	Oct. 8, 1991	1,000.00
American Resort and Residential Development	Speech	Nov. 4, 1991	2,000.00
Drew Gross Enterprises	Speech	Nov. 7, 1991	2,000.00
Securities Industry Association	Speech	Dec. 5, 1991	2,000.00

Reporting Individual's Name
Jim Bunning

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X										X
			George Wash. Credit Union Accounts				X									X									X								
			182 Main Street, Dover, Delaware					X							X									X									
	Equitable Life Assurance Co.										X		Pension													X						
	Jim Bunning Agency (Liquidation)			X										X												X						
	C. B. Data (Partnership)						X								X							X										
	1200 Tarpon Woods Blvd., Unit S5							X							X							X										
	Moore Owens Thomas (Marine Equipment)							X							X											X						
	Putnam Voyager Fund						X													None						X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Bunning

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Host Communication Stock (1500)						X											None											
Star Bank (C.D.)					X									X							X							
Advanced Polymer Common Stock (1000)			X														None											X

[redacted] (Form A)

Reporting Individual's Name
Jim Bunning

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity Equity Income Fund/Putnam Voyager Fund			X			X					
	Advanced Polymer Common Stock	X				X						
	Putnam Voyager Fund/Fidelity Equity Income Fund			X			X					

Reporting Individual's Name
Jim Bunning

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Star Bank, N.A. Campbell County, Kentucky	Mortgage on 1200 Tarpon Woods Blvd., S5, Palm Harbor, FL			X				
	Premium Capitol Moore Owens Thomas	Mortgage - Marine Equipment			X				
	Star Bank, N.A. Campbell County, Kentucky	Line of Credit		X					

Reporting Individual's Name
Jim Bunning

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Tobacco Institute	Jan 16-17 1991	Airfare, Cincinnati/Los Angeles/Palm Springs/DC; One night food and lodging, self and spouse (Speech)	
Northern Kentucky Chamber of Commerce Forum	Jan 25, 1991	Round trip airfare, DC/Cincinnati/DC (Speech)	
Louisville Chamber of Commerce Forum	Feb 8, 1991	Round trip airfare, DC/Cincinnati/DC (Speech)	
Major League Baseball Players	Feb 28 - Mar 2	Round trip airfare, DC/Tampa/DC; 3 nights food and lodging, self and spouse (Old-Timers Game)	
U.S.T.	Mar 2, 1991	Round trip airfare, Tampa/Palm Beach/Tampa (Speech)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Bunning

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Louisville Chamber of Commerce Forum	Apr 12, 1991	Round trip airfare, DC/Louisville/DC (Speech)	
Philadelphia Phillies	Apr 12-13 1991	Airfare, Louisville/Philadelphia/Cincinnati; 1 night food and lodging, self and spouse (Appearance)	
Northern Kentucky Chamber of Commerce Forum	May 9, 1991	Round trip airfare, DC/Cincinnati/DC (Speech)	
Louisville Chamber of Commerce Forum	Jun 14, 1991	Round trip airfare, DC/Cincinnati/DC (Speech)	
Garfield County Republican Committee	Jun 29-30 1991	Round trip airfare, Cincinnati/Enid, OK/Cincinnati, 1 night food and lodging (Speech)	
Major League Baseball Players	Jul 1, 1991	Round trip airfare, Cincinnati/New York/Cincinnati, ground transportation (Meeting)	
Heart Association of Wisconsin	Jul 7-9, 1991	Airfare, Cincinnati/Milwaukee/DC; 2 nights food and lodging (Speech)	
The Philadelphia Phillies	Aug 10-11 1991	Round trip airfare, Cincinnati/Philadelphia/Cincinnati; 1 night food and lodging, self and spouse (Old-Timers	Game)
Danny Thompson Leukemia Research Charity Golf Tourney	Aug 21-25 1991	Round trip airfare, Cincinnati/Sun Valley/Cincinnati; 4 nights food and lodging, self and spouse (Appearance)	
Northern Kentucky Chamber of Commerce	Sep 12, 1991	Round trip airfare; DC/Cincinnati/DC (Speech)	
Independent Insurance Agency of Kentucky	Oct 27, 1991	Round trip airfare; DC/Louisville/DC (Speech)	
American Resort and Residential Development Association	Nov 4, 1991	Round trip airfare, Cincinnati/DC/Cincinnati (Speech)	
Drew Gross Enterprises, Prolink	Nov 7-10 1991	Airfare, DC/Charleston/Cincinnati; 4 nights food and lodging, self and spouse (Speech)	
Northern Kentucky Chamber of Commerce	Nov. 14, 1991	Round trip airfare; DC/Cincinnati/DC (Speech)	
Securities Industry Association	Dec 5-6, 1991	Round trip airfare; Cincinnati/Ft. Lauderdale/ Cincinnati; 1 night food and lodging (Speech)	
Louisville Chamber of Commerce Forum	Dec. 13, 1991	Round trip airfare; DC/Cincinnati/DC (Speech)	
Thomas More College (Door Prize)	Dec. 31-Jan. 5	Round trip airfare; Cincinnati/London/Cincinnati; 5 nights food and lodging, self and spouse	
The Congressional Institute	Mar 14-16 1991	Round trip bus/train transportation; DC/Princeton, NJ/ DC; 2 nights food and lodging (Seminar)	

Reporting Individual's Name
Jim Bunning

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Partner	C.B. Data

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] N.A. [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N.A. [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jim Bunning	May 5, 1992

GPO 1991 (O-283-[illegible])

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

HAND DELIVERED

Danny Lee Burton
(Full Name)

12141 East 79th Street
(Mailing Address)

Telephone
Indianapolis, IN 46236 (317) 335-2353

Filer Status	[x] Member of the U.S House of Representatives	State Indiana District 6	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Dan Burton Agency	Spouse Commissions	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Danny L. Burton

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Indiana Credit Union League	Speech	Sept. 21, 1991	$250.00

Reporting Individual's Name

Danny L. Burton

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X									X									X								X
	George Wash. Credit Union Accounts				X										X									X						
	182 Main Street, Dover, Delaware					X								X									X							
	Agnico Eagle Mines, Ltd.			X									X								X									X
	Nat'l Municipal Trust Ins. #11	X													X							X								X
	Nuveen Municipal Market Op. Fund				X										X								X							X
	Newmont Gold Co.			X									X								X									X
	CD--Oaktree S & L, New Orleans, LA (Redeemed)	X													X						X									
	National Government Fund		X										X									X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Danny L. Burton

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CD--Great American, San Diego, CA (Redeemed)	x												x								x						
	CD--Franklin S & L, 6.85%, Ottawa, KS (Redeemed)	x												x								x						
	CD--Franklin S & L, 5.1%, Ottawa, KS				x									x					x									x
DC	National Government Fund			x								x								x								
	IRA:																											
	Thomson U. S. Gov't. Fund B			x								x								x								
	CAT National Money Fund	x										x								x								
	CAT National Gov't. Fund				x							x								x								
S	Thomson U. S. Gov't. Fund B			x								x								x								
S	CAT National Money Fund	x										x								x								
S	CAT National Government Fund				x							x								x								
	KEOGH:																											
S	Thomson U. S. Government Fund B			x								x								x								
S	CAT National Government Fund			x								x									x							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Danny L. Burton

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CAT National Government Fund		x									x							x									
	Equitable Life Assurance													x						x								
S	New York Life Insurance Co.													x				x										
	Dan Burton Agency					x												x										
JT	Laurel County, KY Land (20 acres)			x														x										
JT	Brown County, IN Land (2 acres)		x															x										
JT	Burton Ranch, Farmland (48 acres)							x					x								x							

[redacted] (Form A)

Reporting Individual's Name: Danny L. Burton

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - over
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Agnico Eagle Mines, Ltd. Common Stock	x			10- 1-91	x						
	Nat'l Municipal Trust Ins. #11		x		2-13-91	x						
	Newmont Gold Co. Common Stock	x			2- 1-91	x						
	Nuveen Municipal Market Op. Fund	x			2-14-91	x						
	CD--Franklin Savings & Loan, 5.1%	x			11-20-91			x				

Reporting Individual's Name
Danny L. Burton

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Danny L. Burton

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
Kemper Open--Golf Tournament Bethesda, MD	Golf Clothing & Accessories	$200.00
Danny Thompson Memorial Golf Tourn. Sun Valley, ID	Golf Clothing & Accessories	$200.00
Orrin Hatch--Golf Tournament Park City, UT	Golf Clothing & Accessories	$150.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Independent Insurance Agents	Mar. 29-Apr. 2, 1991	Roundtrip air travel from DC to Homstmn, food & lodging	x
Danny Thompson Memorial Golf ...	Aug. 21-24, 1991	Roundtrip air travel from DC to Sun Valley, ID, food & lodging	x
Orrin Hatch Tournament	Aug. 10-12, 1991	Roundtrip air travel from DC to Park City, food & lodging	x
Cincinnati Bible Seminary	Apr. 11-12, 1991	Air travel from DC to Cincinnati to Indianapolis, food & lodging	
American International Group	Dec. 8-10, 1991	Roundtrip air travel from Indianapolis to NY	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Danny L. Burton

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Danny L. Burton	5-13-92

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

Albert G. Bustamante
(Full Name)

1113 Longworth House Office Building — 202-225-4511
(Mailing Address) — Telephone

Washington, D. C. 20515

Filer Status				
	X	Member of the U.S. House of Representatives	State Texas District 23rd	
		Officer or Employee	Employing Office	

Report Type				
	X	Annual (May 15)		
		Amendment		
		Termination	Termination Date	

HAND DELIVERED

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Heard, Coggan, Blair and Williams San Antonio, Texas	Spouse Attorney Fee	NA
	Attorney Self-Employed	Spouse Attorney Fee	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Albert G. Bustamante

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
None				

Reporting Individual's Name

Albert G. Bustamante

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for Income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples.	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
S	IRA - First Gilbratar San Antonio, Texas					X										X				Not Self-Directed												
	IRA - Channel View Bank (Name Change) San Antonio, Texas					X										X				Not Self-Directed												
S	KEOUGH - HR10 Groos Bank San Antonio, Texas							X						X		X				Not Self-Directed												
S	Stock - Garcia's Mexican Food Inc. San Antonio, Texas					X								X						S. Corp. Passive Income, Increase in Basis						X						
S	Partnership Interest, Omar Investments San Antonio, Texas					X															X											

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Albert G. Bustamante

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Checking Account, First American of Virginia, Arlington, Virginia	X												X							X								Closed Account*
CD - Union National Bank of Texas Laredo, Texas	X												X								X							Closed All Accounts*
CD/Share Account - Congressional Employees Federal Credit Union Washington, D. C.			X										X									X						Withdrew CD*
CD - Frost National Bank, San Antonio, Texas	X												X								X							Closed All Accounts*
Checking Account - First Gilbratar, San Antonio, Texas			X										X							X								
Life Insurance Policy - Franklin Life Insurance, Springfield, Illinois			X								X									X								
Farm/Ranch Home, Rt. 1, Box 50, Hondo, Texas (approximately 88 acres)				X														X										
Second lien on real estate, 429 West Broadview, San Antonio, Texas			X										X									X						
																												*proceeds to purchase current residence

Reporting Individual's Name

Albert G. Bustamante

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				
S	KEOUGH Contribution for 1990 - Asset Investment Management Group Groos Bank, San Antonio, Texas (Not Self-Directed)	X			04-15-91	X						

Reporting Individual's Name
Albert G. Bustamante

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Groos Bank San Antonio, Texas	Personal Loan		X					

Reporting Individual's Name
Albert G. Bustamante

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Mexican American Grocers Assn. Los Angeles, California 90031	Feb. 28 - Mar. 2	Roundtrip Airfare from Washington, D. C. to Los Angeles, 1 day Food and Lodging	
FIMPES Mexico City, Mexico	Mar. 20 - Mar. 22	Airfare, Washington, D. C. to Mexico City to Houston, Texas	
NALEO Conference Los Angeles, California 90023	Jun. 27 - Jun. 30	Airfare, Washington, D. C. to Los Angeles to San Antonio, Texas	
Danny Tompson Memorial Golf Tournament	Aug. 19 - Aug. 21	Roundtrip airfare from Washington, D. C. to Salt Lake City, Utah for self and spouse	
Chicago Congressional Weekend Chicago, Illinois 60602	Sep. 19 - Sep. 22	Roundtrip airfare from Washington, D. C. to Chicago, Illinois	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Albert G. Bustamante

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Washington State Council of La Raza Yakima,Washington	Oct. 3 - Oct. 4	Roundtrip airfare from Washington, D. C. to Yakima, Washington	

Reporting Individual's Name
Albert G. Bustamante

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

Albert G. Bustamante

DATE (Month, Day, Year)

May 15, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 13 AM 12 30

(9)

Beverly B. Byron
(Full Name)

306 Grove Boulevard
(Mailing Address) Telephone

Frederick, Maryland 21701

HAND DELIVERED

Filer Status	[X] Member of the U S House of Representatives	State: Maryland District: 6th	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Real Estate - Spouse	Self-employed	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Beverly B. Byron

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Women in International Security, Univ. of MD	Speech	10/16/91	$100.00
	Washington College	Speech	11/13/91	$500.00

Reporting Individual's Name

Beverly B. Byron

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X										X
			George Wash. Credit Union Accounts			X									X									X							
			182 Main Street, Dover, Delaware				X							X									X								
	Unimproved Lot - 304 Grove Blvd							X												X											
	30 shares - CSX Corporation				X								X								X										
	56 shares- Exxon Corporation				X								X								X										
	38 shares - GTE Corporation				X								X								X										
	20 shares - Minnesota Mining				X								X								X										
	58 shares - Mobil				X								X								X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Beverly B. Byron

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
72 shares - Westinghouse			X								X								X									
24 shares - Entergy Corporation		X									X								X									
First National Bank			X										X						X									
Maryland National Bank					X								X										X					
Maryland National Mortgage			X										X						X									
Maryland National Bank - IRA			X										X					X										
City of Detroit Bond		X											X						X									
Massachusetts Turnpike Auth. Bond		X											X						X									

Reporting Individual's Name

Beverly B. Byron

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Beverly B. Byron

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Riggs Bank	Unsecured Note - spouse's bus.		X					

Reporting Individual's Name: Beverly B. Byron

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
Special Olympics NIKE Capital Challenge	2 pair of NIKE shoes	$100.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash. D.C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Soviet Officials Meeting	Jan 5-11	Roundtrip Air from DC to Moscow and lodging	
Southern Utah Wilderness All.	Sept 6-9	Roundtrip Air to Cedar City, Utah , lodging, rafting	
Eagleton Instit. of Rutgers	Nov 15	Roundtrip Air and Lodging, San Diego	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name

Beverly B. Byron

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: Beverly B. Byron

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Beverly B. Byron	May 14 1992.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(11)

HERBERT LEON CALLAHAN
(Full Name)

3251 RIVERE DU CHIEN DRIVE
MOBILE, ALABAMA 36693
(Mailing Address)

Mobile 205-690-2811
Washington 202-225-4931
Telephone

MAY 11 1992

mc (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State ~~ALABAMA~~ District ~~ONE~~	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	122,725

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

HERBERT LEON CALLAHAN

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Gas Distributing Exchange	Speech	Feb. 26, 1991	1,000

Reporting Individual's Name
HERBERT LEON CALLAHAN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	AmSouth Bank				X									X							X								
	First Alabama Bank				X									X							X								
	SouthTrust Bank				X									X									X						
	Spring Hill Insurance Company, Inc.				X									X							X								
	Federal Credit Union			X										X						X									
	U.S. Savings Bonds			X										X							X								

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
HERBERT LEON CALLAHAN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	From "Sub S" Corporation (Pass Through Items)																										
	The Finch Companies, Inc.									X	X			X										X			
	The Finch Companies, Inc.											X							X									
	The Finch Companies, Inc.														X							X					
	From Partherships (Pass Through Items)																										
	H.B. Development Venture				X						X								X								
	Double M Joint Venture				X						X		X						X								
	Secure-it Self Storage						X				X								X								
	Spring Hill Insurance Company, Inc.				X						X	X								X							

[redacted] (Form A)

Financial Disclosure A-2(a)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: HERBERT LEON CALLAHAN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	II $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Finch Real Estate Corporation		X								X								X									
Unimproved real estate West Beach, Gulf Shores, Al. 1/3 undivided interest				X						X								X									
Choctaw County, Alabama (Camp)		X								X								X									
Amer. Tel & Tel Common Stock														X						X							
Ameritech Common Stock														X						X							
Bell South Common Stock														X						X							
Rights to judgment in Civil Action #91-001226 Circuit Court of Mobile, Alabama (Under Appeal)									X								None	X									

PARTS II AND III - ASSETS AND "UNEARNED" INCOME

Alternative Valuation

	Method
1. The Finch Companies, Inc.	E
2. H. B. Development Venture	E
3. Double M. Joint Venture	E
4. Secure-it Self Storage	E
5. Spring Hill Insurance Company, Inc.	E
6. Finch Real Estate Corporation	E
7. Unimproved real estate, West Beach, Gulf Shores, Al. 1/3 undivided interest	E
8. Choctaw County, Alabama (Camp)	E
9. Rights to judgment in Civil Action #91-001226 Circuit Court of Mobile, Al. (Under appeal)	Set by the Court

E = Personal evaluation and concerning real estate partnership holdings. I have relied on the opinion of the developer.

Reporting Individual's Name

HERBERT LEON CALLAHAN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Ameritech Common Stock (1990-Dean Witter)		X		02-04-91	X						
	Bell South Common Stock (1990-Dean Witter)		X		02-04-91	X						
	U.S. Savings Bonds	X				X						
	U.S. Savings Bonds		X			X						

Reporting Individual's Name
HERBERT LEON CALLAHAN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	The Finch Companies, Inc.	Personal					X		
	First Alabama Bank	Personal	X						
	SouthTrust Bank	Personal			X				
	AmSouth Bank	Personal			X				

Reporting Individual's Name
HERBERT LEON CALLAHAN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Tobacco Institute	Jan 16, 1991	Transportation, Mobile Al to LaQuinta, Calif., 1 day lodging and meals	
Tobacco Institute	Jan 17, 1991	Trsp. LaQuinta, Calif., Washington, D.C. (self)	
Motor Vehicle Manufactures Assoc.	Apr 25, 1991 Apr 26, 1991	Trsp. Washington D.C. to detroit, Mich., lodging and meals 1 day Trsp. Detroit, Mich., to Mobile, Al.	
Olin Corporation	Aug 22, 1991 Aug 25, 1991	Lodging & meals 3 days Fort Walton Beach, Fl (self and spouse)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
HERBERT LEON CALLAHAN

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
TRANSPORTATION GIFT (Won in charity golf tournament)			
American Airlines	June 21, 1991	Air transp. Mobile, Al. to Wichita, Kansas (Spouse)	

Reporting Individual's Name
HERBERT LEON CALLAHAN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	The Finch Companies, Inc.
Director	Spring Hill Insurance Co., Inc.
Partner	Double M. Joint Venture
Partner	H. B. Development
Partner	Baldwin County Acreage
Partner	Secure-it Self Storage

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
HLCallahan	5/11/92

GPO 1991 50-267 (m)

192

SONNY CALLAHAN
1ST DISTRICT ALABAMA

1330 LONGWORTH BUILDING
WASHINGTON DC 20515
(202) 225 4931

DISTRICT OFFICE
2970 COTTAGE HILL ROAD
SUITE 126
MOBILE AL 36606
(205) 690 2811

Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEE ON ENERGY AND COMMERCE

SUBCOMMITTEES

ENERGY AND POWER

TRANSPORTATION AND HAZARDOUS MATERIALS

RECEIVED
92 MAY 14 PM 12:08
COMMITTEE ON STANDARDS

May 12, 1992

I. MC

Honorable Louis Stokes
Chairman
Committee on Standards and
Official Conduct
INSIDE MAIL
Washington, DC 20515

Dear Chairman Stokes:

Please refer to my Financial Disclosure Statement recently filed with the Clerk of the House.

In Part IX I neglected to check "NONE", and would appreciated the statement being amended to reflect this change.

If you have any questions, please contact me or my Administrative Assistant, Mr. Jo Bonner at 5-4931. Thank you for your cooperation with this matter. With kind regards, I am

Sincerely,

Sonny Callahan
Member of Congress

SC:st

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 13 PM 1:44

(7)

David Lee Camp
(Full Name)

5801 Leeway Drive
(Mailing Address) Telephone

Midland, Michigan 48640

HAND DELIVERED

Filer Status	[X] Member of the U S House of Representatives	State Michigan District 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Michigan	Deferred Income	$3,718.36

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
David Lee Camp

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X							X
			George Wash. Credit Union Accounts				X									X					
			182 Main Street, Dover, Delaware					X							X						
	Camp Real Estate Agency								X						X						
	414 Townsend Street			X											X						X
	Chemical Bank & Trust Co. Checking Account					X										X					
	State of Michigan Legislative Retirement			X																	X
	Chemical Financial Corporation					X								X							
	American Home Products					X								X							

Block A	Block C Income: Category of Amount of Income (X)									
	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000
Camp Real Estate Agency						X				
414 Townsend Street	X									
Chemical Bank & Trust Co. Checking Account		X								
State of Michigan Legislative Retirement										
Chemical Financial Corporation			X							
American Home Products			X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: David Lee Camp

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Comerica, Inc.					X							X								X								
Amoco Corporation					X							X								X								
Dow Chemical Company							X					X											X					
H J Heinz					X							X								X								
Kellogg					X							X								X								
Monsanto				X								X							X									
First of America BanCorp			X									X							X									
IBM Corporation					X							X								X								
80 Acres of Land, Homer Township, Michigan					X													X										
Liquidating Trust First National Investment Co. of Midland, Inc.				X									X						X									
Prudential Bache		X										X											X					
A. G. Edwards Rollover I.R.A.					X							X											X					
Prudential Securities I.R.A.				X								X		X						X								
A. G. Edwards I.R.A.					X							X								X								

[redacted] (Form A)

Reporting Individual's Name

David Lee Camp

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	414 Townsend Street		X		03-08-91	X						
	Dow Chemical Company - Dividend Reinvestment	X			Various Dates	X						
	State of Michigan - Legislative Retirement Plan		X		01-02-91	X						

Reporting Individual's Name

David Lee Camp

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Chemical Bank & Trust Company	Personal Loan			X				
	Chemical Bank & Trust Company	Mortgage on Merrill, MI			X				

Reporting Individual's Name
David Lee Camp

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
None			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: David Lee Camp

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Corporate Member (Not on Board of Directors)	Mid-Michigan Regional Health System

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: David Camp

DATE (Month, Day, Year): May 13, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 3:54

(9)

Ben Nighthorse Campbell
(Full Name)

P.O. Box 639 — 303-563-4623
(Mailing Address) — Telephone

Ignacio, CO 81137

Filer Status	[XX] Member of the U.S. House of Representatives	State CO, Distrct 3	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Ignacio School District, Ignacio, CO	Spouse salary	$32,000
	Nighthorse, Inc., Ignacio, CO	Jewelry design income	3,600

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Ben Nighthorse Campbell

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	National Center for Am. Indian Enterprise Development	Speech/Award	9/28/91	$1,000
	United Parcel Service, Durango, CO	Meeting	12/19/91	$1,000

Reporting Individual's Name

Ben Nighthorse Campbell

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	Fay & Hillary Carver, Calif. (Mortgage)							X							X											X					
	County Road 334, #408, Ignacio, CO					X								X										X							
	456 New Jersey Ave., S.E., D.C.							X						X											X						
	506-510 2nd Ave., Durango, CO							X						X											X						
	556 2nd Ave., Durango, CO							X						X											X						
	United Bank of Ignacio, Ignacio, CO					X									X							X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Ben Nighthorse Campbell

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Real Estate, 115 acres (house, barn)							X					X					cattle sales						X				
Ignacio, CO																											

[redacted] (Form A)

Reporting Individual's Name

Ben Nighthorse Campbell

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Ben Nighthorse Campbell

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	American Home Funding, 3855 Gasjubs, Richmond VA	mortgage on 456 New Jersey S.E., DC			X				
	Standard Federal, Box 9481, Gaithersburg, MD	mortgage on 556 E. 2nd Ave. Durango CO			X				
	Congressional Federal Credit Union, D.C.	jeep loan	X						

Reporting Individual's Name

Ben Nighthorse Campbell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Diamond Council	2/3-4, '91	Air travel, Durango-New York City-D.C., 2/3 hotel lodging	
Assoc. on American Indian Affairs	5/2, '91	Air travel, D.C-New York City, 5/2 hotel lodging	
Haskell Indian College	5/3-4, '91	Air travel, New York City-Kansas City-Durango, 5/3 lodging	
Tele Monte Carlo, Italy	5/30-6/2 '91	Roundtrip air travel, D.C-Rome, Italy, food, lodging,self, spouse	X (spouse)
Dull Knife Memorial College	6/14-15, '91	Air travel, D.C.-Billings, MT-Durango, CO	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Ben Nighthorse Campbell

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
National Center for Am. Indian	9/27-28,91	Air travel, D.C.-Los Angeles-Durango, 9/27 hotel lodging	
Enterprise Development			
Pasadena Tournament of Roses	11/10-11	Air travel, Durango-Ontario, CA-Los Angeles- D.C., 11/10 lodging	
Pasadena Tournament of Roses	12/27-1/2 12/31-1/2	Round trip airfare, Durango-Los Angeles, lodging, meals, events spouse, daughter (lodging, meals, events- son)	X
	12/27-1/2	Los Angeles lodging, meals, events (self), horse upkeep	

Reporting Individual's Name
Ben Nighthorse Campbell

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ben Nighthorse Campbell	5/15/92

GPO: 1991 50-267 (m)

BEN NIGHTHORSE CAMPBELL
3D DISTRICT, COLORADO

COMMITTEES
AGRICULTURE
INTERIOR AND INSULAR AFFAIRS

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515

PLEASE REPLY TO
WASHINGTON OFFICE
1530 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-4761

DISTRICT OFFICES
120 N. MAIN ST.
SUITE 100
PUEBLO, CO 81003
(719) 543-9821

835 E. SECOND AVE.
SUITE 28
DURANGO, CO 81301
(303) 247-9300

225 N. 5TH STREET
SUITE 31
GRAND JUNCTION, CO 81501
(303) 242-2400

June 4, 1992

RECEIVED
92 JUN -5 PM 2:38
COMMITTEE ON STANDARDS

Hon. Louis Stokes
Chairman,
Committee on Standards of
Official Conduct
Suite HT-2, The Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

The following is an amendment to my financial disclosure for 1991.

Part VII, page 8 of disclosure

Source: National Center for Am. Indian Enterprise Development
Date/ 9/27-28, Air travel, D.C.-Los Angeles-
Brief Description Durango
9/27 hotel lodging

Source: Pasadena Tournament of Roses
Date/ 11/10-11, Air travel, Durango-Ontario,
Brief Description CA-Los Angeles-D.C.
11/10 lodging

Source: Pasadena Tournament of Roses
Date/ 12/27-1/2 (spouse)
Brief Description: Round trip airfare, Durango-Los Angeles;
lodging, meals, events (12/29-1/2);
Additional lodging, meals (12/27-28)
personal expense

12/31-1/2 (daughter)
Round trip airfare, Durango-Los Angeles,
lodging, meals, events

12/29-1/2 (self, son)
Los Angeles lodging, meals, events,
horse upkeep;
Additional lodging, meals, horse upkeep,
(12/27-28, 1/2) personal expense

Sincerely,

Ben Nighthorse Campbell
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(45)

92 MAY -1 AM 9 52

HAND DELIVERED

MC

(Office Use Only)

Thomas J. Campbell
(Full Name)

313 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515 — Telephone: 202-225-5411

Filer Status	[x] Member of the U S House of Representatives — State: CA District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Stanford University	Teaching Stipend	$12,000.00
		(approval letter from Committee on Standards	
		of Official Conduct attached)	
	Stanford University	Payment of ABA Dues	$ 200.00
		in connection with faculty position	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Tom Campbell

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
None				

Reporting Individual's Name

Tom Campbell

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period Exclude Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U S Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year If so, provide details in Section IV on page A-3 For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left (This is optional) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
S	Seligman Income Fund						X						X								X									X
S	FNMA Bonds 9% 12/25/19				X										X							X								
S	Johnson & Johnson Stock				X								X									X								X
JT	Bungalow behind residence,				X									X									X							
	665 Alvarado Row, Stanford Rented																													
S	The Reserve Fund				X								X									X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Tom Campbell

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	MFS Corp.			X								X								X									X
S	Ferris Baker Watts, Inc.			X								X								X									X
S	VA State Housing Bonds 7.5% 1/1/01				X									X									X						
S	Washington Mutual Investors Fund			X								X			X						X								
S	First Virginia Bank Acct.			X										X						X									
JT	Wells Fargo Bank Acct.			X									X							X									
S	First Virginia Bank Stock			X								X								X									
S	Martin Family Trust - Spouse holds																												
	remainder interest, no right to present income:																												
	*U.S. Treasury Notes					X																							X
	*Associates Corp. N.A.M. 8.625%, due 11/2/94				X																								
	*Ford Motor Credit Co. 8%, due 8/1/94				X														NONE										
	*General Motors Acc. Corp. 9.25%, due 11/1/92				X																								
	*General Motors Acc. Corp. 9.25%, due 2/15/93				X																								
	*ITT Financial Corp. 9%, due 6/1/92				X																								

[redacted] (Form A)

Page of

Financial Disclosure A-2(a)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Tom Campbell

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	*First Virginia Bank Discretionary Common Stock Fund			X																NONE								

[redacted] (Form A)

Reporting Individual's Name
Tom Campbell

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Seligman Income Funds		X		6/13/91			X				
S	MFS Corp.	X			1/28/91	X						
S	Ferris Baker Watts Reserve Fund			X	1/28/91	X						
S	Martin Family Trust - exchange of U.S. Treasury Notes			X	7/1/91			X				
S	Johnson & Johnson	X			6/12/91	X						
S	Mobil Corp. 8.75 % Bonds		X		11/1/91		X					

Reporting Individual's Name
Tom Campbell

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Bank of America Customline Credit	Personal credit line, unsecured		X					
	Mastercard - MBNA	Revolving personal credit line, unsecured	X						

Financial Disclosure A-4

Reporting Individual's Name
Tom Campbell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
INSTITUTE FOR INTERNATIONAL		5/24-5/26	Roundtrip Air Travel from Washington, D.C. to San Francisco; two days meals (no lodging)	
STUDIES ADVISORY COUNCIL (Member of U.S./International				
Leaders Annual Conference)				
THE CONFERENCE BOARD, INC.		3/5-3/6	Roundtrip Air Travel from Washington, D.C. to New York City; one night lodging; ground transportation;	
(Panel member on antitrust issues)			dinner and lunch	

Continued on A-5(a)

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Tom Campbell

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
ABE LINCOLN FUND (The Lincoln Club of Northern California)	3/15-3/16	One night lodging in Pebble Beach; one days meals	
(Panel member on "The New Face of Europe)			

Reporting Individual's Name
Tom Campbell

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Professor (on leave)	Stanford University

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
1/3/89	Stanford University & Thomas J. Campbell	Two-year leave of absence renewed for additional two years. Tenure preserved. Right to rent university property under residence preserved.

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes ☐ No X NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes ☐ No X NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tom Campbell	04 29 92

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTKIN, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

January 23, 1990

The Honorable Tom Campbell
U.S. House of Representatives
516 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of January 7, 1990, in which you request the Committee's advice regarding your status as a tenured faculty member at Stanford University. You explain that you were appointed to the Stanford Law School Faculty in 1983 and promoted to full professor with tenure in 1987. You further explain that upon election to Congress in 1988 you were granted a two-year leave-of-absence from teaching, but that unless you resume some teaching, you will forfeit your tenure and your right to continue owning a home on university property. You and your Dean have proposed a part-time teaching schedule in which most of your classes would be scheduled for Sunday morning, and your salary would be less than half the full-time teaching salary.

During 1990 your outside earned income from all sources is limited to thirty percent of your 1989 congressional salary, or $26,850. In 1991, this limit will be 15 percent of the congressional salary at the time. In addition, section 502 of The Ethics Reform Act of 1989 (P.L. 100-194) provides that, beginning January 1, 1991, you may not "receive compensation for teaching, without the prior notification and approval" of this Committee.

In your case, it is obvious that the teaching opportunity is wholly unrelated to your status as a Member of Congress because you were tenured prior to your election to Congress. Secondly, the modest schedule that you propose to continue teaching would clearly not interfere or conflict with your representational and legislative duties as a Member of Congress, and the university compensation level carries no hint that you would be paid by Stanford for anything other than teaching. Accordingly, the Committee gives its approval to your proposed teaching arrangement with the Stanford University Law School. This letter

will constitute the Committee's approval of the arrangement for the purposes of section 502 of the Ethics Reform Act for as long as you continue your teaching relationship with Stanford.

If you or the Law School's officials have any further questions concerning this matter, please contact the Committee staff at (202) 225-7103.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:DJM

TOM CAMPBELL
12TH DISTRICT CALIFORNIA

313 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5411

DISTRICT OFFICES
599 NORTH MATHILDA AVENUE SUITE 105
SUNNYVALE, CA 94086
(408) 245-4835
(415) 321-9154

7415 EIGLEBERRY STREET SUITE D
GILROY, CA 95020
(408) 848-5101

Congress of the United States
House of Representatives

COMMITTEE ON BANKING
FINANCE AND URBAN AFFAIRS

COMMITTEE ON THE
JUDICIARY

COMMITTEE ON SCIENCE
SPACE, AND TECHNOLOGY

HOUSE COMPETITIVENESS CAUCUS
CONGRESSIONAL CAUCUS FOR
WOMENS ISSUES
CONGRESSIONAL GRACE
COMMISSION CAUCUS
HUMAN RIGHTS CAUCUS
ENVIRONMENTAL AND
ENERGY STUDY CONFERENCE

April 30, 1992

The Honorable Louis Stokes
Chairman
Committee on Standards of Official Conduct
HT-2 Capitol Building
Washington, D.C. 20515

Dear Mr. Chairman:

Please be so kind as to accept the enclosed copies of my 1991 tax returns as an addendum to my financial disclosure statement. Please feel free to make these returns part of the public record and available to anyone upon request.

Thank you for your consideration.

Best regards,

Tom Campbell

Congressman Tom Campbell

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

Form 1040 — Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 1991

For the year Jan. 1, 1991, or other tax year beginning, 1991, ending, 19 — OMB No. 1545-0074

Label (See instructions on page 11.) Use IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: THOMAS J.	Last name: CAMPBELL	Your social security number: 347-38-4500
If a joint return, spouse's first name and initial: SUSANNE M.	Last name: CAMPBELL	Spouse's social security number: 223-86-9242
Home address (number and street). (If you have a P.O. box, see page 11.): 665 ALVARADO ROW	Apt. no.	For Privacy Act and Paperwork Reduction Act Notice, see instructions.
City, town or post office, state, and ZIP code. (If you have a foreign address, see page 11.): STANFORD, CA 94305		

Presidential Election Campaign (See page 11)

Do you want $1 to go to this fund? X Yes No — **Note:** Checking "Yes" will not change your taxes or reduce your refund.

If joint return, does your spouse want $1 to go to this fund? X Yes No

Filing Status (Check only one box.)

1 [ ] Single

2 [X] Married filing joint return (even if only one had income)

3 [ ] Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶

4 [ ] Head of household (with qualifying person). (See page 12.) If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 [ ] Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 12.)

Exemptions (See page 12.)

6a [X] **Yourself** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2

b [X] **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1991

No. of your children on 6c who: • lived with you ____ • didn't live with you due to divorce or separation (see page 14) ____

No. of other dependents on 6c: ____

If more than six dependents, see page 13.

d If your child didn't live with you but is claimed as your dep. under pre-1985 agreement, check ▶ [ ]

e Total number of exemptions claimed: 2

Income — Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)			7	128,991
8a	**Taxable** interest income (also attach Schedule B if over $400)			8a	1,070
b	**Tax-exempt** interest income (see pg. 16). DON'T include on line 8a	8b	3,045		
9	Dividend income (also attach Schedule B if over $400)			9	1,400
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 16			10	915
11	Alimony received			11	
12	Business income or (loss) (attach Schedule C)			12	10,607
13	Capital gain or (loss) (attach Schedule D)			13	-3,000
14	Capital gain distributions not reported on line 13 (see page 17)			14	
15	Other gains or (losses) (attach Form 4797)			15	
16a	Total IRA distributions 16a		16b Taxable amount (pg. 17)	16b	
17a	Total pensions and annuities 17a		17b Taxable amount (pg. 17)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)			18	901
19	Farm income or (loss) (attach Schedule F)			19	
20	Unemployment compensation (insurance) (see page 18)			20	
21a	Social security benefits 21a		21b Taxable amount (pg. 18)	21b	
22	Other income			22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶			23	140,884

If you did not get a W-2, see page 10.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

Adjustments to Income (See page 19.)

24a	Your IRA deduction, from applicable worksheet on page 20 or 21	24a			
b	Spouse's IRA deduction, from applicable wksht. on page 20 or 21	24b			
25	One-half of self-employment tax (see page 21)	25	750		
26	Self-employed health insurance deduction, from wksht. on pg. 22	26			
27	Keogh retirement plan and self-employed SEP deduction	27			
28	Penalty on early withdrawal of savings	28			
29	Alimony paid. Recipient's SSN ▶	29			
30	Add lines 24a through 29. These are your **total adjustments** ▶			30	750

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** If this amount is less than $21,250 and a child lived with you, see page 45 to find out if you can claim the "Earned Income Credit" on line 56 ▶	31	140,134

COPY

H554

Form 1040 (1991) THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 347-38-4500 Page 2

Tax Computation If you want the IRS to figure your tax, see page 24	32	Amount from line 31 (adjusted gross income)		32	140,134
	33a	Check if: ☐ **You** were 65 or older, ☐ Blind; ☐ **Spouse** was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a			
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐			
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 23 and check here ▶ 33c ☐			
	34	Enter the **larger** of your: **Itemized deductions** (from Schedule A, line 26), **OR** **Standard deduction** (shown below for your filing status) **Caution:** If you checked **any box** on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single - $3,400 • **Head** of Household - $5,000 • Married filing jointly or Qualifying widow(er) - $5,700 • Married filing separately - $2,850		34	39,402
	35	Subtract line 34 from line 32		35	100,732
	36	If line 32 is $75,000 or less, multiply $2,150 by the total number of exemptions claimed on line 6e. If line 32 is over $75,000, see page 24 for the amount to enter		36	4,300
	37	**Taxable income.** Subtract line 36 from line 35 (If line 36 is more than line 35, enter -0-)		37	96,432
	38	Enter tax. Check if from: a ☐ Tax Table, b ☒ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 ▶ e ( )		38	23,009
	39	Additional taxes (see page 24) Check if from a ☐ Form 4970 b ☐ Form 4972		39	
	40	Add lines 38 and 39 ▶		40	23,009
Credits (See page 25)	41	Credit for child and dependent care expenses (att. Form 2441)	41		
	42	Credit for the elderly or the disabled (attach Schedule R)	42		
	43	Foreign tax credit (attach Form 1116)	43		
	44	Other credits (see page 25). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	44		
	45	Add lines 41 through 44		45	
	46	Subtract line 45 from line 40. (If line 45 is more than line 40, enter -0-) ▶		46	23,009
Other Taxes	47	Self-employment tax (att. Sch. SE)		47	1,499
	48	Alternative minimum tax (attach Form 6251)		48	
	49	Recapture taxes (see page 26). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828		49	
	50	Social security and Medicare tax on tip income not reported to employer (attach Form 4137)		50	
	51	Tax on an IRA or a qualified retirement plan (attach Form 5329)		51	
	52	Advance earned income credit payments from Form W-2		52	
	53	Add lines 46 through 52. This is your **total tax** ▶		53	24,508
Payments Attach Forms W-2, W-2G and 1099-R to front.	54	Federal income tax withheld (if any is from Form(s) 1099, check ▶ ☐)	54 29,350		
	55	1991 estimated tax payments and amount applied from 1990 return	55		
	56	**Earned income credit** (att. Schedule EIC)	56		
	57	Amount paid with Form 4868 (extension request)	57		
	58	Excess social security, Medicare, and RRTA tax withheld (see page 27)	58 884		
	59	Other payments (see page 27). Check if from a ☐ Form 2439 b ☐ Form 4136	59		
	60	Add lines 54 through 59. These are your **total payments** ▶		60	30,234
Refund or Amount You Owe	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶		61	5,726
	62	Amount of line 61 to be **REFUNDED TO YOU** ▶		62	5,726
	63	Amount of line 61 to be **APPLIED TO YOUR 1992 ESTIMATED TAX** ▶	63		
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1991 Form 1040" on it.		64	
	65	Est. tax penalty (see pg. 28). Also incl. on ln. 64	65		

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature	Date	Your occupation: CONGRESSMAN
Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation: TOUR MANAGER

Paid Preparer's Use Only

Preparer's signature: PAUL D. HANCOCK	Date: 5/19/97	Check if self-employed ☒	Preparer's social security no.: 492-50-6760
Firm's name (or yours if self-employed) and address: PAUL D. HANCOCK, CPA, 19400 STEVENS CREEK BLVD. #200, CUPERTINO, CA		E.I. No. 77-0293779	ZIP code: 95014

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service

Schedule A–Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No 1545-0074

1991

Attachment Sequence No. 07

Name(s) shown on Form 1040: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others				
	1	Medical and dental expenses (See page 38.)	1			
	2	Enter amount from Form 1040, line 32	2			
	3	Multiply line 2 above by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-		▶	4	0
Taxes You Paid (See page 38.)	5	State and local income taxes	5	8,387		
	6	Real estate taxes	6	3,571		
	7	Other taxes. (List – include personal property taxes.) ▶ AUTO LICENSE, NET	7	16		
	8	Add lines 5 through 7. Enter the total		▶	8	11,974
Interest You Paid (See page 39.)	9a	Home mortgage interest and points reported to you on Form 1098	9a	26,494		
	b	Home mortgage interest not reported to you on Form 1098 (If paid to an individual, show that person's name and address.) ▶	9b			
Note: Personal interest is no longer deductible.	10	Points not reported to you on Form 1098. (See instr. for special rules.)	10			
	11	Investment interest	11			
	12	Add lines 9a through 11. Enter the total		▶	12	26,494
Gifts to Charity (See page 40)		**Caution:** If you made a charitable contribution and received a benefit in return, see page 40.				
	13	Contributions by cash or check	13	1,068		
	14	Other than cash or check. (You **MUST** attach Form 8283 if over $500.)	14			
	15	Carryover from prior year	15			
	16	Add lines 13 through 15. Enter the total		▶	16	1,068
Casualty and Theft Losses	17	Casualty or theft loss(es) (attach Form 4684) (See page 40.)		▶	17	0
Moving Expenses	18	Moving expenses (attach Form 3903 or 3903F) (See page 41.)		▶	18	0
Job Expenses and Most Other Miscellaneous Deductions	19	Unreimbursed employee expenses – job travel, union dues, job education, etc. (You **MUST** attach Form 2106 if required. See instructions.) ▶ PROFESSIONAL SUBSCRIPTIONS 84; TEACHING MATERIALS 19; UNION AND PROFESSIONAL DUES 400	19	503		
(See page 41 for expenses to deduct here.)	20	Other expenses (investment, tax preparation, safe deposit box, etc.) ▶ STAT LIMITA FOR CONGRESSMEN LIVING IN WASHINGTON D.C. PER IRC CODE SECTION 162(A) 3,000; SAFE DEPOSIT BOX RENTAL 20; TAX RETURN PREPARATION FEE 350	20	3,370		
	21	Add lines 19 and 20	21	3,873		
	22	Enter amount from Form 1040, line 32	22	140,134		
	23	Multiply line 22 above by 2% (.02)	23	2,803		
	24	Subtract line 23 from line 21. Enter the result. If less than zero, enter -0-		▶	24	1,070
Other Miscellaneous Deductions	25	Other (from list on page 41 of instructions). List type and amount ▶		▶	25	
Total Itemized Deductions	26	• If the amount on Form 1040, line 32, is $100,000 or less ($50,000 or less if married filing separately), add lines 4, 8, 12, 16, 17, 18, 24, and 25. Enter the total here. • If the amount on Form 1040, line 32, is more than $100,000 (more than $50,000 if married filing separately), see page 42 for the amount to enter. **Caution:** Be sure to enter on Form 1040, line 34, the **LARGER** of the amount on line 26 above or your standard deduction.		▶	26	39,402

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1991

Schedules A&B (Form 1040) 1991 — OMB No 1545-0074 — Page 2

Names as shown on Form 1040 (Do not enter name and social security number if shown on other side.) — Your social security number

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL — 347-38-4500

Schedule B – Interest and Dividend Income

Attachment Sequence No 08

Part I Interest Income (See pages 15 and 43.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 43), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 43.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Interest Income		Amount
1 Interest income (List name of payer – if any interest income is from seller-financed mortgages, see instructions and list this interest first.) ▶		
FERRIS BAKER WATTS		900
FIRST VIRGINIA BANK		128
VIRGINIA STATE HOUSING BONDS		3,045
WELLS FARGO BANK		42
SUBTOTAL		4,115
TAX EXEMPT INTEREST	1	-3,045
2 Add the amounts on line 1	2	1,070
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040.	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	1,070

Part II Dividend Income (See pages 16 and 43.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III.
If you received, as a nominee, dividends that actually belong to another person, see page 43.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Dividend Income		Amount
5 Dividend income (List name of payer – include on this line capital gain distributions, nontaxable distributions, etc.) ▶		
FERRIS BAKER WATTS INC.		226
FIRST VA BANKS		99
JOHNSON AND JOHNSON		154
LINCOLN NATIONAL LIFE		12
MFS	5	157
SELIGMAN INCOME FUND		25
THE RESERVE FUND		584
WASHINGTON MUTUAL		294
6 Add the amounts on line 5	6	1,551
7 Capital gain distributions. Enter here and on Schedule D* — 7: 151		
8 Nontaxable distributions. (See the instructions for Form 1040, line 9.) — 8:		
9 Add lines 7 and 8	9	151
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	1,400

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts (See page 43.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

	Yes	No
11a At any time during 1991, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 43 for exceptions and filing requirements for Form TD F 90-22.1.)		X
b If "Yes," enter the name of foreign country ▶		
12 Were you the grantor of, or transferor to, a foreign trust which existed during 1991, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926.		X

Schedule C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065

▶ Attach to Form 1040 or Form 1041 ▶ See instructions for Schedule C (Form 1040)

OMB No. 1545-0074

1991

Attachment Sequence No. 09

Name of proprietor: SUSANNE M. CAMPBELL

Social security number (SSN): 223-86-9242

A Principal business or profession, including product or service (see instructions): TRAVEL SERVICES

B Enter principal business code (from page 2) ▶ 9837

C Business name: SUSANNE M. CAMPBELL

D Employer ID number (Not SSN)

E Business address (including suite or room no.) ▶ 665 ALVARADO ROW
City, town or post office, state, and ZIP code: STANFORD, CA 94305

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation) (4) ☒ Does not apply (if checked, skip line H)

		Yes	No
H	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? (If "Yes," attach explanation)		
I	Did you "materially participate" in the operation of this business during 1991? (If "No," see instructions for limitations on losses.)	X	
J	If this is the first Schedule C filed for this business, check here ▶ ☐		

Part I Income

1	Gross receipts or sales. **Caution:** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the instructions and check here ▶ ☐	1	17,310
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	17,310
4	Cost of goods sold (from line 40 on page 2)	4	
5	Subtract line 4 from line 3 and enter the **gross profit** here	5	17,310
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Add lines 5 and 6. This is your **gross income** ▶	7	17,310

Part II Expenses (Caution: Enter expenses for business use of your home on line 30.)

8	Advertising	8		21	Repairs and maintenance	21	
9	Bad debts from sales or services (see instructions)	9		22	Supplies (not included in Part III)	22	4,811
10	Car and truck expenses (see instr. - also att. Form 4562)	10	578	23	Taxes and licenses	23	
11	Commissions and fees	11		24	Travel, meals, and entertainment		
12	Depletion	12		24a	Travel	24a	748
13	Depreciation and section 179 expense deduction (not included in Part III)(see instructions.)	13	31	b	Meals and entertainment		
14	Employee benefit programs (other than on line 19)	14		c	Enter 20% of line 24b subject to limitations (see instructions.)		
15	Insurance (other than health)	15		d	Subtract line 24c from line 24b	24d	
16	Interest			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less jobs credit)	26	
b	Other	16b		27a	Other expenses (**list type and amount**): SEE STATEMENT 1 535		
17	Legal and professional services	17					
18	Office expense	18					
19	Pension and profit-sharing plans	19					
20	Rent or lease (see instructions.)						
a	Vehicles, machinery & equipment	20a					
b	Other business property	20b		27b	Total other expenses	27b	535

28	Add amounts in columns for lines 8 through 27b. These are your **total expenses** before expenses for business use of your home ▶	28	6,703
29	Tentative profit (loss). Subtract line 28 from line 7	29	10,607
30	Expenses for business use of your home (**attach Form 8829**)	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. If a profit, enter here and on Form 1040, line 12. Also enter the net profit on Schedule SE, line 2 (statutory employees, see instructions). If a loss, you MUST go on to line 32 (fiduciaries, see instructions)	31	10,607

32 If you have loss, you MUST check the box that describes your investment in this activity (see instructions.)
32a ☐ All investment is at risk
32b ☐ Some investment is not at risk

If you checked 32a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see instructions). If you checked 32b, you MUST attach **Form 6198.**

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).

▶ For more space to list transactions for lines 1a and 8a, get Schedule D-1 (Form 1040).

OMB No 1545-0074

1991

Attachment Sequence No 12A

Name(s) shown on Form 1040: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Caution: Add the following amounts reported to you for 1991 on Forms 1099-B and 1099-S (or on substitute statements): **(a)** proceeds from transactions involving stocks, bonds, and other securities, and **(b)** gross proceeds from real estate transactions not reported on another form or schedule. If this total does not equal the total of lines 1c and 8c, column (d), attach a statement explaining the difference. See instructions.

Part I Short-term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.						
1b Amounts from Schedule D-1, line 1b (attach Schedule D-1)						
1c Total of All Sales Price Amounts. Add column (d) of lines 1a and 1b ▶ 1c						
1d Other Transactions (Do NOT include real estate transactions from Forms 1099-S on this line. Report them on line 1a.)						

2	Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	2	
3	Short-term gain from installment sales from Form 6252, line 22 or 30	3	
4	Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	4	
5	Short-term capital loss carryover from 1990 Schedule D, line 29	5	
6	Add lines 1a, 1b, 1d and 2 through 5, in columns (f) and (g)	6	( )
7	**Net short-term gain or (loss).** Combine columns (f) and (g) of line 6	7	

Part II Long-term Capital Gains and Losses - Assets Held More Than One Year

8a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.						
109 SH SELIGMAN INCOM	5/22/87	6/13/91	1,291	1,507	216	
8b Amounts from Schedule D-1, line 8b (attach Schedule D-1)						
8c Total of All Sales Price Amounts. Add column (d) of lines 8a and 8b ▶ 8c			1,291			
8d Other Transactions (Do NOT include real estate transactions from Forms 1099-S on this line. Report them on line 8a.)						

9	Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	9	
10	Long-term gain from installment sales from Form 6252, line 22 or 30	10	
11	Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	11	
12	Capital gain distributions	12	151
13	Gain from Form 4797, line 7 or 9	13	
14	Long-term capital loss carryover from 1990 Schedule D, line 36	14	3,854
15	Add lines 8a, 8b, 8d, and 9 through 14, in columns (f) and (g)	15	(4,070) 151
16	**Net long-term gain or (loss)** Combine columns (f) and (g) of line 15	16	-3,919

For Paperwork Reduction Act Notice, see Form 1040 instructions

Schedule D (Form 1040) 1991

H554

Schedule D (Form 1040) 1991 — Attachment Sequence No. 12A — Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.) — Your social security number

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL — 347-38-4500

Part III Summary of Parts I and II

17 Combine lines 7 and 16 and enter the net gain or (loss) here. If the result is a gain, also enter the gain on Form 1040, line 13. (**Note:** If both lines 16 and 17 are gains, see Part IV, below.)	17	-3,919
18 If line 17 is a (loss), enter here and as a (loss) on Form 1040, line 13, the **smaller** of **a** The (loss) on line 17, or **b** ($3,000) or, if married filing a separate return, ($1,500)	18	(3,000)

Note: When figuring whether line 18a or 18b is **smaller**, treat both numbers as positive.
Complete Part V if the loss on line 17 is more than the loss on line 18, OR if Form 1040, line 37, is zero.

Part IV Tax Computation Using Maximum Capital Gains Rate

USE THIS PART TO FIGURE YOUR TAX ONLY IF BOTH LINES 16 AND 17 ARE GAINS, AND:

You checked filing status box:	AND	Form 1040, line 37, is over:	You checked filing status box:	AND	Form 1040, line 37, is over:
1		$49,300	3		$41,075
2 or 5		$82,150	4		$70,450

19 Enter the amount from Form 1040, line 37	19	
20 Enter the **smaller** of line 16 or line 17	20	
21 Subtract line 20 from line 19	21	
22 Enter: **a** $20,350 if you checked filing status box 1, **b** $34,000 if you checked filing status box 2 or 5, **c** $17,000 if you checked filing status box 3, or **d** $27,300 if you checked filing status box 4	22	
23 Enter the **greater** of line 21 or line 22	23	
24 Subtract line 23 from line 19	24	
25 Figure the tax on the amount on line 23. Use the Tax Table or Tax Rate Schedules, whichever applies	25	
26 Multiply line 24 by 28% (.28)	26	
27 Add lines 25 and 26. Enter here and on Form 1040, line 38, and check the box for Schedule D	27	

Part V Capital Loss Carryovers from 1991 to 1992

Section A. - Carryover Limit

28 Enter the amount from Form 1040, line 35. If a loss, enclose the amount in parentheses	28	100,732
29 Enter the loss from line 18 as a positive amount	29	3,000
30 Combine lines 28 and 29. If zero or less, enter -0-	30	103,732
31 Enter the **smaller** of line 29 or line 30	31	3,000

Section B. - Short-Term Capital Loss Carryover to 1992 (Complete this section only if there is a loss on both lines 7 and 18.)

32 Enter the loss from line 7 as a positive amount			32	
33 Enter the gain, if any, from line 16		33		
34 Enter the amount from line 31		34		
35 Add lines 33 and 34			35	
36 **Short-term capital loss carryover to 1992.** Subtract line 35 from line 32. If zero or less, enter -0-			36	

Section C. - Long-Term Capital Loss Carryover to 1992 (Complete this section only if there is a loss on both lines 16 and 18.)

37 Enter the loss from line 16 as a positive amount				37	3,919
38 Enter the gain, if any, from line 7			38		
39 Enter the amount from line 31	39	3,000			
40 Enter the amount, if any, from line 32	40				
41 Subtract line 40 from line 39. If zero or less, enter -0-			41	3,000	
42 Add lines 38 and 41				42	3,000
43 **Long-term capital loss carryover to 1992.** Subtract line 42 from line 37. If zero or less, enter -0-				43	919

Part VI Election Not To Use the Installment Method

(Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

44 Check here if you elect out of the installment method ▶ ☐

45 Enter the face amount of the note or other obligation ▶

46 Enter the percentage of valuation of the note or other obligation ▶ %

Part VII Reconciliation of Forms 1099-B for Bartering Transactions (Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

		Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule
47 Form 1040, line 22	47	
48 Schedule C, D, E, or F (Form 1040) (specify) ▶	48	
49 Other form or schedule (identify) (if nontaxable, indicate reason - attach additional sheets if necessary)	49	
50 **Total.** Add lines 47 through 49. This amount should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions	50	

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rents, royalties, partnerships, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, Form 1041.

▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1991

Attachment Sequence No. 13

Name(s) shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Income or Loss From Rentals and Royalties **Note:** Report farm rental income or loss from **Form 4835** on page 2, line 39

1 Show the kind and location of each **rental property**:

A BACKYARD BUNGALOW
STANFORD CALIFORNIA

B

C

2 For each rental property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? (See instructions)

	Yes	No
A		X
B		
C		

		Properties A	Properties B	Properties C		Totals (Add columns A, B, & C)
Rental and Royalty Income:						
3 Rents received	3	1,800			3	1,800
4 Royalties received	4				4	
Rental and Royalty Expenses:						
5 Advertising	5	20				
6 Auto and travel	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Mortgage interest paid to banks, etc. (see instr.)	11				11	
12 Other interest	12					
13 Repairs	13	529				
14 Supplies	14					
15 Taxes	15					
16 Utilities	16	350				
17 Wages and salaries	17					
18 ▶	18					
19 Add lines 5 through 18	19	899			19	899
20 Depreciation expense or depletion (see instructions)	20				20	
21 Total expenses. Add lines 19 and 20	21	899				
22 Income or (loss) from rental or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file **Form 6198**	22	901				
23 Deductible rental loss (see instructions)	23	( )	( )	( )		
24 **Income.** Add rental and royalty income from line 22. Enter the total income here					24	901
25 **Losses.** Add royalty losses from line 22 and rental losses from line 23. Enter the total losses here					25	( )
26 Total rental or royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV and line 39 on page 2 do not apply to you, enter the amount from line 26 on Form 1040, line 18. Otherwise, include the amount from line 26 in the total on line 40 on page 2					26	901

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule E (Form 1040) 1991

H884

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).
▶ Attach to Form 1040.

OMB No. 1545-0074
1991
Attachment Sequence No. 17

Name of person with self-employment income as shown on Form 1040: SUSANNE M. CAMPBELL

Social security number of person with self-employment income ▶ 223-86-9242

Who Must File Schedule SE

You must file Schedule SE if:

- Your net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) were $400 or more **OR**
- You had church employee income (as defined in the instructions) of $108.28 or more.

AND

- Your wages (and tips) subject to social security AND Medicare tax (or railroad retirement tax) were less than $125,000

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner AND you filed **Form 4361** and received IRS approval not to be taxed on those earnings, DO NOT file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 47.

Note: Most people can use Short Schedule SE on this page. But you may have to use Long Schedule SE on the back.

Who MUST Use Long Schedule SE (Section B)

You must use Long Schedule SE if ANY of the following apply:

- You received wages or tips **and** the total of all of your wages (and tips) subject to social security, Medicare or railroad retirement tax plus your net earnings from self-employment is more than $53,400.
- You use either "optional method" to figure your net earnings from self-employment (see Section B, Part II, and the instructions).
- You are a minister, member of a religious order, or Christian Science practitioner and you received IRS approval (by filing **Form 4361**) not to be taxed on your earnings from these sources, but you owe self-employment tax on other earnings.
- You had church employee income of $108.28 or more that was reported to you on Form W-2. **OR**
- You received tips subject to social security, Medicare, or railroad retirement tax, but you did not report those tips to your employer.

Section A – Short Schedule SE (Read above to see if you must use Long Schedule SE on the back (Section B).)

1	Net farm profit or (loss) from Schedule F (Form 1040), line 37, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C (Form 1040), line 31, and Schedule K-1 (Form 1065), line 15a (other than farming). See instructions for other income to report.	2	10,607
3	Combine lines 1 and 2	3	10,607
4	**Net earnings from self-employment.** Multiply line 3 by .9235. If less than $400, **do not** file this schedule; you **do not** owe self-employment tax. **Caution:** If you received wages or tips, and the total of your wages (and tips) subject to social security, Medicare, or railroad retirement tax plus the amount on line 4 is more than $53,400, you cannot use Short Schedule SE. Instead, use Long Schedule SE on the back . . . . . ▶	4	9,796
5	**Self-employment tax.** If the amount on line 4 is • $53,400 or less, multiply line 4 by 15.3% (.153) and enter the result • More than $53,400, but less than $125,000, multiply the amount in excess of $53,400 by 2.9% (.029). Add $8,170.20 to the result and enter the total • $125,000 or more, enter $10,246.60. Also enter this amount on Form 1040, line 47.	5	1,499

Note: Also enter one-half of the amount from line 5 on Form 1040, line 25.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals and Fiduciaries

▶ See separate instructions.
▶ Attach to Form 1040, Form 1040A, Form 1040NR, or Form 1041.

OMB No 1545-0140

1991

Attachment Sequence No **06**

Name(s) shown on tax return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Note: In most cases, you do not need to file Form 2210 The IRS will figure any penalty you owe and send you a bill See Part I to find out if you should file Form 2210 If you do not need to file Form 2210, you still may use it to figure your penalty Enter the amount from line 20 or line 34 on the penalty line of your return, but do not attach Form 2210.

Part I **Reasons For Filing** - If 1a, b, or c below applies to you, you may be able to lower or eliminate your penalty But you MUST check the boxes that apply and file Form 2210 with your tax return If 1d below applies to you, check that box and file Form 2210 with your tax return

1 Check whichever boxes apply (if none of the boxes apply, **do not** file Form 2210)

a ☐ You request a **waiver**. (In certain circumstances, the IRS will waive all or part of the penalty See the instructions for **Waiver of Penalty**.)

b ☐ You use the **annualized income installment method.** (If your income varied during the year, this method may reduce the amount of one or more required installments. See **Instructions for Annualized Income Installment Worksheet**)

c ☐ You had Federal income tax withheld from wages and you treat it as paid for estimated tax purposes when it was **actually withheld** instead of evenly on the payment due dates. (See the instructions for line 22.)

d ☐ Your required annual payment (line 13 below) is based on your 1990 tax and you filed or are filing a joint return for either 1990 or 1991 but not for both years.

Part II **Required Annual Payment** - All filers must complete this part

2	Enter your 1991 tax after credits (see instructions)		2	23,009
3	Other taxes (see instructions)		3	1,499
4	Add lines 2 and 3		4	24,508
5	Earned income credit	5		
6	Credit for Federal tax on fuels	6		
7	Add lines 5 and 6		7	0
8	Current year tax Subtract line 7 from line 4		8	24,508
9	Multiply line 8 by 90% (.90)	9 22,057		
10	Withholding taxes. **Do not** include any estimated tax payments on this line (see instructions)		10	30,234
11	Subtract line 10 from line 8. If less than $500, stop here; **do not** complete or file this form. You do not owe the penalty		11	-5,726
12	Prior year (1990) tax. (**Caution:** See instructions.)		12	
13	**Required annual payment.** Enter the **smaller** of line 9 or line 12 (see instructions)		13	

Note: If line 10 is equal to or more than line 13, stop here, you do not owe the penalty Do not file Form 2210 unless you checked box 1d above

Part III **Short Method** (**Caution:** Read the instructions to see if you can use the short method. If you checked box **1b** or **c** in Part I, skip this part and go to Part IV.)

14	Enter the amount, if any, from line 10 above	14		
15	Enter the total amount, if any, of estimated tax payments you made	15		
16	Add lines 14 and 15		16	
17	**Total underpayment for year.** Subtract line 16 from line 13. (If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.)		17	
18	Multiply line 17 by .06391		18	
19	● If the amount on line 17 was paid **on or after** 4/15/92, enter -0- ● If amount on line 17 was paid **before** 4/15/92, make the following computation to find the amount to enter on line 19 Amount on line 17 x Number of days paid before 4/15/92 x .00025		19	0
20	**PENALTY.** Subtract line 19 from line 18 Enter the result here and on Form 1040, line 65, Form 1040A, line 33, Form 1040NR, line 65, or Form 1041, line 26		▶ 20	

For Paperwork Reduction Act Notice, see page 1 of separate Instructions.

Form **2210** (1991)

Part IV **Regular Method** (See the instructions if you are filing Form 1040NR.)

Section A – Figure Your Underpayment

		Payment Due Dates (a) 4/15/91	(b) 6/15/91	(c) 9/15/91	(d) 1/15/92
21 **Required installment.** Divide line 13 by 4 and enter the result in each column. **Exception:** If you use the Annualized Income Installment Worksheet, see the instructions on page 4. Be sure you checked the box on line 1b in Part I	21				
22 Estimated tax paid and tax withheld. (See instructions.) For column (a) only, also enter the amount from line 22 on line 26. (If line 22 is equal to or more than line 21 for all payment periods, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked a box in Part I.)	22				
Complete lines 23 through 29 of one column before going to the next column.					
23 Enter amount, if any, from line 29 of previous column	23				
24 Add lines 22 and 23	24				
25 Add amounts on lines 27 and 28 of the previous column	25				
26 Subtract line 25 from line 24. If zero or less, enter –0–. For column (a) only, enter the amount from line 22	26				
27 If the amount on line 26 is zero, subtract line 24 from line 25. Otherwise, enter –0–	27				
28 **Underpayment.** If line 21 is equal to or more than line 26, subtract line 26 from line 21. Then go to line 23 of next column. Otherwise, go to line 29 ▶	28				
29 Overpayment. If line 26 is more than line 21, subtract line 21 from line 26. Then go to line 23 of next column	29				

Section B – Figure the Penalty (Complete lines 30 through 33 of one column before going to the next column.)

RATE PERIOD 1 — **April 16, 1991 – December 31, 1991**

		4/15/91	6/15/91	9/15/91
30 Number of days FROM the date shown above line 30 TO the date the amount on line 28 was paid or 12/31/91, whichever is earlier	30	Days	Days	Days
31 Underpayment on line 28 (see instructions) x Number of days on line 30 / 365 x .10 ▶	31	$	$	$

RATE PERIOD 2 — **January 1, 1992 – April 15, 1992**

		12/31/91	12/31/91	12/31/91	1/15/92
32 Number of days FROM the date shown above line 32 TO the date the amount on line 28 was paid or 4/15/92, whichever is earlier	32	Days	Days	Days	Days
33 Underpayment on line 28 (see instructions) x Number of days on line 32 / 366 x .09 ▶	33	$	$		$

34 **PENALTY.** Add all amounts on lines 31 and 33 in all columns. Enter the total here and on Form 1040, line 65, Form 1040A line 33; Form 1040NR, line 65; or Form 1041, line 26 ▶ 34 $

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach this form to your return.

OMB No 1545-0172

1991

Attachment Sequence No. **67**

Name(s) shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Business or activity to which this form relates: SCHEDULE C - SUSANNE M. CAMPBELL

Part I **Election To Expense Certain Tangible Property (Section 179)**
(**Note:** If you have any "Listed Property," complete Part V.)

1	Maximum dollar limitation (see instructions)	1	$10,000
2	Total cost of section 179 property placed in service during the tax year (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation - Subtract line 3 from line 2, but do not enter less than -0-	4	
5	Dollar limitation for tax year - Subtract line 4 from line 1, but do not enter less than -0-	5	

6 (a) Description of property	(b) Cost	(c) Elected cost

7	Listed property - Enter amount from line 26	7	
8	Total elected cost of section 179 property - Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction - Enter the lesser of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1990 (see instructions)	10	
11	Taxable income limitation - Enter the lesser of taxable income or line 5 (see instructions)	11	
12	Section 179 expense deduction - Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1992 - Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement (listed property). Instead, use Part V for listed property.

Part II **MACRS Depreciation For Assets Placed in Service ONLY During Your 1991 Tax Year**
(Do Not Include Listed Property)

	(a) Classification of property	(b) Mo. and yr. placed in service	(c) Basis for depreciation (Business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
14	General Depreciation System (GDS) (see instructions)						
a	3-year property		747	3	MQ	S/L	31
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	Residential rental property						
h	Nonresidential real property						
15	Alternative Depreciation System (ADS):						
a	Class life						
b	12-year						
c	40-year						

Part III **Other Depreciation (Do Not Include Listed Property)**

16	GDS and ADS deductions for assets placed in service in tax years beginning before 1991 (see instructions)	16	
17	Property subject to section 168(f)(1) election (see instructions)	17	
18	ACRS and other depreciation (see instructions)	18	

Part IV **Summary**

19	Listed property - Enter amount from line 25	19	
20	Total - Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations - see instructions)	20	31
21	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)	21	

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach this form to your return

OMB No. 1545-0172
1991
Attachment Sequence No. 67

Name(s) shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Business or activity to which this form relates: FORM 2106 (OTHER) - SUSANNE M. CAMPBELL (TOUR MANAGER)

Part I Election To Expense Certain Tangible Property (Section 179)

(Note: If you have any "Listed Property," complete Part V.)

1	Maximum dollar limitation (see instructions)	1	$10,000
2	Total cost of section 179 property placed in service during the tax year (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation - Subtract line 3 from line 2, but do not enter less than -0-	4	
5	Dollar limitation for tax year - Subtract line 4 from line 1, but do not enter less than -0-	5	

6 (a) Description of property	(b) Cost	(c) Elected cost

7	Listed property - Enter amount from line 26	7		
8	Total elected cost of section 179 property - Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction - Enter the lesser of line 5 or line 8		9	
10	Carryover of disallowed deduction from 1990 (see instructions)		10	
11	Taxable income limitation - Enter the lesser of taxable income or line 5 (see instructions)		11	
12	Section 179 expense deduction - Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 1992 - Add lines 9 and 10, less line 12 ▶	13		

Note: Do not use Part II or Part III below for automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement (listed property). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed In Service ONLY During Your 1991 Tax Year

(Do Not Include Listed Property)

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (Business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
14	General Depreciation System (GDS) (see instructions)						
a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	Residential rental property						
h	Nonresidential real property						
15	Alternative Depreciation System (ADS)						
a	Class life						
b	12-year						
c	40-year						

Part III Other Depreciation (Do Not Include Listed Property)

16	GDS and ADS deductions for assets placed in service in tax years beginning before 1991 (see instructions)	16	127
17	Property subject to section 168(f)(1) election (see instructions)	17	
18	ACRS and other depreciation (see instructions)	18	

Part IV Summary

19	Listed property - Enter amount from line 25	19	
20	Total - Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations - see instructions)	20	127
21	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions)	21	

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax – Individuals

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR. Estates and trusts, use Form 8656.

OMB No 1545-0227

1991

Attachment Sequence No **32**

Name(s) shown on Form 1040: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

1	Enter the amount from Form 1040, line 35 (If Form 1040, line 35 is less than zero, enter as a negative amount.)		1	100,732
2	Net operating loss deduction, if any, from Form 1040, line 22 (Enter as a positive amount.)		2	
3	Overall itemized deductions limitation (see instructions)		3	(1,204)
4	Combine lines 1, 2, and 3		4	99,528
5	**Adjustments:** (See instructions before completing.)			
a	Standard deduction, if any, from Form 1040, line 34	5a 0		
b	Medical and dental expenses (Enter the smaller of the amount from Schedule A (Form 1040), line 4 or 2 1/2% of Form 1040, line 32.)	5b		
c	Miscellaneous itemized deductions from Schedule A (Form 1040), line 24	5c 1,070		
d	Taxes from Schedule A (Form 1040), line 8	5d 11,974		
e	Refund of taxes	5e (915)		
f	Certain home mortgage interest	5f		
g	Investment interest expense	5g		
h	Depreciation of tangible property placed in service after 1986	5h 80		
i	Circulation and research and experimental expenditures paid or incurred after 1986	5i		
j	Mining exploration and development costs paid or incurred after 1986	5j		
k	Long-term contracts entered into after 2/28/86	5k		
l	Pollution control facilities placed in service after 1986	5l		
m	Installment sales of certain property	5m		
n	Adjusted gain or loss and incentive stock options	5n		
o	Certain loss limitations	5o		
p	Tax shelter farm loss	5p		
q	Passive activity loss	5q		
r	Beneficiaries of estates and trusts	5r		
s	Combine lines 5a through 5r		5s	12,209
6	**Tax preference items:** (See instructions before completing.)			
a	Appreciated property charitable deduction	6a		
b	Tax-exempt interest from private activity bonds issued after 8/7/86	6b		
c	Depletion	6c		
d	Accelerated depreciation of real property placed in service before 1987	6d		
e	Accelerated depreciation of leased personal property placed in service before 1987	6e		
f	Amortization of certified pollution control facilities placed in service before 1987	6f		
g	Intangible drilling costs	6g		
h	Add lines 6a through 6g		6h	
7	Combine lines 4, 5s, and 6h		7	111,737
8	Energy preference adjustment for certain taxpayers. (Do not enter more than 40% of line 7.) See instructions		8	
9	Subtract line 8 from line 7		9	111,737
10	Alternative tax net operating loss deduction. See instructions for limitations		10	
11	**Alternative minimum taxable income.** Subtract line 10 from line 9. If married filing separately, see instructions		11	111,737
12	Enter: $40,000 ($20,000 if married filing separately, $30,000 if single or head of household)		12	40,000
13	Enter: $150,000 ($75,000 if married filing separately; $112,500 if single or head of household)		13	150,000
14	Subtract line 13 from line 11. If zero or less, enter –0– here and on line 15 and go to line 16		14	0
15	Multiply line 14 by 25% (.25)		15	
16	**Exemption.** Subtract line 15 from line 12. If zero or less, enter –0–. If completing this form for a child under age 14, see instructions for the amount to enter		16	40,000
17	Subtract line 16 from line 11. If zero or less, enter –0– here and on line 22 and skip lines 18 through 21		17	71,737
18	Multiply line 17 by 24% (.24)		18	17,217
19	Alternative minimum tax foreign tax credit. See instructions		19	
20	Tentative minimum tax. Subtract line 19 from line 18		20	17,217
21	Enter your tax from Form 1040, line 38, minus any foreign tax credit on Form 1040, line 43. If an amount is entered on line 39 of Form 1040, see instructions		21	23,009
22	**Alternative minimum tax.** Subtract line 21 from line 20. If zero or less, enter –0– Enter this amount on Form 1040, line 48. If completing this form for a child under age 14, see instructions for amount to enter		22	0

For **Paperwork Reduction Act Notice, see separate instructions.**

Form **6251** (1991)

H884

CLIENT 52488 WAGES SCHEDULE PAGE 1

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

347-38-4500

WAGES SELF - EMPLOYER	FEDERAL W/H	WAGES	FICA	MEDI CARE	STATE W/H	SDI
U.S. HOUSE OF REPRESENTATIVE	26,950	116,991	3,311	1,779	7,957	
STANFORD UNIVERSITY	2,400	12,000	744	174	360	
TOTALS	29,350	128,991	4,055	1,953	8,317	

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL
347-38-4500

LINE 9a - HOME MORTGAGE INTEREST, FINANCIAL INST.

	26,494
TOTAL	26,494

LINE 13 - CONTRIBUTIONS BY CASH OR CHECK

AMERICAN LEADERSHIP FORUM	50
CALIFORNIA VETERANS SHELTER PROJECT	25
MISSION HOSPICE	20
NATIONAL FEDERATION FOR THE BLIND	50
SANTA CLARA COUNTY HOMELESS	737
SANTA CLARA COUNTY PEACE OFFICERS	50
SANTA CLARA COUNTY SHERIFFS DEPT.	16
STANFORD UNIVERSITY	100
TECH MUSEUM OF INNOVATION	10
UNIVERSITY OF SAN FRANCISCO	10
TOTAL	1,068

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL
347-38-4500

STATEMENT 1
LINE 27a - OTHER EXPENSES

PARKING	133
PHOTO PROCESSING	74
TELEPHONE	328
TOTAL	535

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 12/31/91
347-38-4500 PAGE 1

1991 CALIFORNIA DEPRECIABLE BASIS SCHEDULE

NO.	COST/ BASIS	BUS. PCT.	BUSINESS BASIS	SEC 179	BONUS DEPR.	DB DEPREC.	SALVAGE VALUE	DEPR. BASIS
SCHEDULE C - SUSANNE M. CAMPBELL								
2	747	100	747					747
	747		747	0	0	0	0	747
FORM 2106 (OTHER) - SUSANNE M. CAMPBELL (TOUR MANAGER)								
1	397	100	397					397
	397		397	0	0	0	0	397

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 12/31/91
347-38-4500 PAGE 1

1991 CALIFORNIA DEPRECIATION SCHEDULE

NO.	DESCRIPTION	DATE ACQUIRED	DEPR. BASIS	PRIOR DEPREC.	METHOD	LIFE	RATE	DEPR.
SCHEDULE C - SUSANNE M. CAMPBELL								
2	COMPUTER	12/08/91	747		S/L 1/4	3	.04170	31
			747	0				31
FORM 2106 (OTHER) - SUSANNE M. CAMPBELL (TOUR MANAGER)								
1	FAX MACHINE	9/10/90	397	79	200DB 1/2	5	.32000	127
			397	79				127

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 12/31/91
347-38-4500 PAGE 1

1991 ALTERNATIVE MINIMUM TAX
CALIFORNIA DEPRECIATION SCHEDULE

NO.	DESCRIPTION	DATE ACQUIRED	DEPR. BASIS	PRIOR DEPREC.	METHOD	LIFE	RATE	DEPR.
FORM 2106 (OTHER) - SUSANNE M. CAMPBELL (TOUR MANAGER)								
1	FAX MACHINE	9/10/90	397	25	150DB 1/2	12	.11720	47
			397	25				47

LSC

California Resident Income Tax Return 1991

FORM **540**

Step 1 Name and Address

Use the California mailing label. Otherwise, please print or type. Fiscal year beginning 1991 ending 19

Your first name and initial (Joint return, also give spouse's name and initial) | Last name | Your social security number

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 347-38-4500

Present home address – number and street including apartment number, P.O. Box or rural route | Spouse's social security number

665 ALVARADO ROW 223-86-9242

City, town or post office, state and ZIP code

STANFORD, CA 94305

Do Not Use These Spaces: P M A R E

Step 2 Filing Status — Check only one

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return
Enter spouse's social security number above and full name here

4 ☐ Head of household (with qualifying person)
If the qualifying person is your child but not your dependent, enter child's name here

5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19

Step 3 Exemptions — Do not enter dollar amounts here

6 If someone (such as your parent) can claim you as a dependent on his or her tax return, check here skip lines 7 through 10 and enter –0– on line 11 • 6 ☐

7 Personal. If you checked box 1, 3 or 4 above, enter 1. If you checked box 2 or 5, enter 2 — 7: 2

8 Blind. If you or your spouse is visually impaired, enter 1. If both are visually impaired, enter 2 — 8:

9 Senior. If you or your spouse is 65 or older, enter 1. If both are 65 or older, enter 2 • 9:

10 Dependents. Enter name and relationship. Do not include yourself or your spouse.

Enter total number of dependents — 10:

11 Total number of exemptions. Add lines 7 through 10 . . . . . — 11: 2

Step 4 Taxable Income — Attach copy of your Form(s) W-2, W-2G and 1099-R here

12 State wages from your Form W-2, box 25 • 12: 128,991

13 Federal adjusted gross income from line 31 of your Form 1040, line 16 of your Form 1040A, or line 3 of your Form 1040EZ — 13: 140,134

14 California adjustments – subtractions. Enter amount from Schedule CA, line 15 • 14: 915

15 Subtract line 14 from line 13. If less than zero, enter the result in brackets. See instructions — 15: 139,219

16 California adjustments – additions. Enter amount from Schedule CA, line 23 • 16: 3,045

17 California adjusted gross income. Combine line 15 and line 16 • 17: 142,264

18 Enter the **larger** of { • Your **standard deduction** (see instructions), **OR** • Your **itemized deductions** (from Schedule CA, line 29) } • 18: 32,219

19 Taxable income. Subtract line 18 from line 17. If less than zero, enter –0– — 19: 110,045

Step 5 Tax — Attach check or money order here

20 Enter tax. Check if from ☒ Tax Table or Tax Rate Schedule, ☐ FTB 3800 • 20: 7,410
Caution: If under age 14 and you have more than $1,100 of investment income, read line 20 instructions to see if you must attach form FTB 3800

21 Exemption credits. **Caution:** See the instructions for line 21 and the worksheet and instructions in Step 6 before entering an amount on line 21
Check if from ☒ line 21 instructions ☐ line 21 worksheet or ☐ Schedule P (540) ◉ 21: 120

22 Subtract line 21 from line 20. If less than zero, enter –0– — 22: 7,290

23 Tax from ☐ Schedule G-1, line 21 and from ☐ form FTB 5870A • 23:

24 Add line 22 and line 23. Continue to Side 2 — 24: 7,290

For Privacy Act Notice, see instructions

LSC THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 347-38-4500

Step 6 Credits

25	Amount from Side 1 line 24		25 7,290
26	Credit for child and dependent care expenses See instructions	• 26	
27	Credit for taxpayers with military income See instructions	• 27	
28	Credit _____ code no.	▶ 28	
29	Credit _____ code no	▶ 29	
30	Credit _____ code no	▶ 30	
31	To claim more than three credits, see instructions	• 31	
32	Credit for taxpayers with income under $22,841 See instructions	• 32	
33	Total credits Add lines 26 through 32		33
34	Subtract line 33 from line 25 If less than zero, enter -0-		34 7,290

Step 7 Other Taxes

35	Alternative minimum tax Attach Schedule P (540)	• 35	
36	Other taxes See instructions	• 36	
37	Total tax Add lines 34 through 36	• 37	7,290

Step 8 Payments

38	California income tax withheld Enter total from your 1991 Form(s) W-2 and 1099-R	■ 38	8,317
39	1991 California estimated tax and amount applied from 1990 return Include amount paid with extension payment voucher (form FTB 3519)	■ 39	
40	Renter's credit. Enter amount from Schedule H (540), line 9	■ 40	
41	Excess California SDI withheld See instructions	■ 41	
42	Total payments Add lines 38 through 41		42 8,317

Step 9 Overpaid Tax or Tax Due

43	Overpaid tax If line 42 is larger than line 37, subtract line 37 from line 42		43 1,027
44	Amount of line 43 to be applied to your 1992 estimated tax	■ 44	
45	Amount of overpaid tax available this year. Subtract line 44 from line 43	■ 45	1,027
46	Tax due. If line 37 is larger than line 42, subtract line 42 from line 37		46 0

Step 10 Contributions

47	Contribution to California Seniors Special Fund See instructions	• 47	
	You may make a contribution of $1 or more to		
48	Alzheimer's Disease/Related Disorders Fund	• 48	
49	California Fund for Senior Citizens	• 49	
50	Rare and Endangered Species Preservation Program	• 50	
51	State Children's Trust Fund for the Prevention of Child Abuse	• 51	
52	Veterans Memorial Account	• 52	
	CA Election Campaign Fund 53 Your party _____ ($25 max)	▶ 53	
	54 Spouse's _____ ($25 max)	▶ 54	
55	Total voluntary contributions Add lines 48 through 54	• 55	
56	Total contributions Add line 47 and line 55		56 0

Step 11 Refund or Amount You Owe

57	**REFUND OR NO AMOUNT DUE.** Subtract line 56 from line 45 Mail your return to **Franchise Tax Board, P.O. Box 942840, Sacramento, CA 94240-0000**	■ 57	1,027
58	**AMOUNT YOU OWE.** Add line 46 and line 56 Attach check or money order for full amount payable to "Franchise Tax Board" Write your social security number and "1991 Form 540" on it Mail it with your return to **Franchise Tax Board, P.O. Box 942867, Sacramento, CA 94267-0001**	■ 58	0

Step 12 Interest and Penalties

59	Interest and late return and late payment penalties		59
60	Underpayment of estimated tax If form FTB 5805 or 5805F is attached, check box at right	☒ • 60	
61	To reduce State printing costs, if you and your tax preparer do **not** need California income tax forms and instructions mailed to you next year, check box at right	• 61 ☒	

Sign Here

IMPORTANT: You must attach a copy of your federal income tax return and federal schedules. 4

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete

Attach copy of federal return to this return

It is unlawful to forge a spouse's signature

Your signature X Spouse's signature (if filing jointly, both must sign) X Date

Signature of paid preparer (declaration of preparer based on information of which preparer has any knowledge) Paul D. Hancock Preparer's SSN/FEIN 492-50-6760

Firm's Name (or yours if self-employed) PAUL D. HANCOCK, CPA Firm's address 19400 STEVENS CREEK BLVD. #200 CUPERTINO, CA 95014

LSC TAXABLE YEAR **1991**

California Adjustments

SCHEDULE **CA**

Important Attach this schedule directly behind Form 540

Names as shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Social security number: 347-38-4500

PART I ADJUSTMENTS TO FEDERAL ADJUSTED GROSS INCOME

Step 1 Subtractions

1	State income tax refund from federal Form 1040, line 10	1	915
2	Unemployment compensation from federal Form 1040, line 20, or Form 1040A, line 12	2	
3	Social security benefits from federal Form 1040, line 21b, or Form 1040A, line 13b	3	
4	California nontaxable interest or dividend income. See instructions	4	
5	Railroad retirement benefits and sick pay. See instructions	5	
6	California Lottery winnings. See instructions	6	
7	Difference between state and federal wages. See instructions	7	
8	IRA distributions. See instructions	8	
9	Pensions and annuities. See instructions	9	
10	Passive activity. See instructions	10	
11	Depreciation and amortization from form FTB 3885A, line 6a and line 10a	11	
12	Capital gains or (losses) from California Schedule D, line 11a	12	
13	Other gains or (losses) from California Schedule D-1, line 21a and line 38	13	
14	Other subtractions. a Total California disaster loss carryovers from 1990	14a	
	b Other. See instructions. Specify _____	14b	
15	Total subtractions. Add lines 1 through 14b. Enter here and on Form 540, line 14	15	915

Step 2 Additions

16	Interest on state and municipal bonds from a state other than California. See instructions	16	3,045
17	Difference between state and federal wages. See instructions	17	
18	Passive activity. See instructions	18	
19	Depreciation and amortization from form FTB 3885A, line 6b and line 10b	19	
20	Capital gains or (losses) from California Schedule D, line 11b	20	
21	Other gains or (losses) from California Schedule D-1, line 21b and line 38	21	
22	Other additions: a Federal net operating loss deduction from your 1991 federal Form 1040, line 22	22a	
	b Other. See instructions. Specify _____	22b	
23	Total additions. Add lines 16 through 22b. Enter here and on Form 540, line 16	23	3,045

PART II ADJUSTMENTS TO FEDERAL ITEMIZED DEDUCTIONS

24	Federal itemized deductions. Add the amounts on federal Schedule A, lines 4, 8, 12, 16, 17, 18, 24 and 25	24	40,606
25	State and local income taxes from federal Schedule A, line 5 and foreign income taxes. See instructions	25	8,387
26	Subtract line 25 from line 24	26	32,219
27	Other adjustments. See instructions. Specify _____	27	
28	Combine line 26 and line 27	28	32,219
29	California itemized deductions	29	32,219

- If your federal adjusted gross income on form 540, line 13 is not more than
  - $100,000 if single or married filing separate
  - $150,000 if head of household
  - $200,000 if married filing joint or qualifying widow(er) enter the amount on line 28 and line 29
- If your federal adjusted gross income on Form 540, line 13 is more than the amount listed above for your filing status, complete the worksheet on page 4 of the instructions to figure the amount to enter on line 29

If your California itemized deductions on line 29 are larger than your standard deduction, enter your California itemized deductions on Form 540, line 18. Otherwise, enter your standard deduction on Form 540, line 18.

LSC

TAXABLE YEAR 1991

California Capital Gain or Loss Adjustment

CALIFORNIA SCHEDULE D

Name(s) as shown on return: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Social security number: 347-38-4500

1 (a) Kind of property and description (identify S corporation stock) Example: 100 shares of "Z" (S stock)	(b) Sales price	(c) Cost or other basis	(d) Loss. If (c) is more than (b), subtract (b) from (c)	(e) Gain. If (b) is more than (c), subtract (c) from (b)
CAPITAL GAIN DISTRIBUTIONS				151
109 SH SELIGMAN INCOME FUND	1,291	1,507	216	

2 Net gain or (loss) from partnerships, S corporations and fiduciaries	2		
3 Total 1991 gains from all sources. Add column (e) amounts of line 1 and line 2		3	151
4 1991 loss. Add column (d) amounts of line 1 and line 2	4	216	
5 California capital loss carryover from 1990, if any. See instructions	5	3,854	
6 Total 1991 loss. Add line 4 and line 5	6	4,070	
7 Net gain or net loss. Combine line 3 and line 6 and enter the net gain or (loss) here. See instructions		7	-3,919
8 If line 7 is a loss, enter here. Enter as a loss on line 10, the lesser of: (a) the amount on line 7; or (b) $3,000 ($1,500 if married filing a separate return). See instructions		8	(3,000)
9 Combine and enter the amount(s) from federal Form 1040, line 13 and line 14		9	-3,000
10 Enter the California gain from line 7 or loss from line 8		10	-3,000
11 California gain or loss adjustment: Compare line 9 and line 10. See instructions			
a Adjustment decrease. Enter the difference here and on Schedule CA, line 12		11a	
b Adjustment increase. Enter the difference here and on Schedule CA, line 20		11b	

Schedule D 1991

LSC
TAXABLE YEAR
1991

Alternative Minimum Tax and Credit Limitations – Residents

CALIFORNIA SCHEDULE
P (540)

Attach this schedule to Form 540

Names as shown on Form 540: THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Tentative Minimum Tax and Alternative Minimum Tax Computation

1	Taxable income from Form 540, line 19 (may be less than zero)			1	110,045
2	Amount, if any, from line 9 of the worksheet in the instructions of Schedule CA, line 29			2	( )
3	Combine line 1 and line 2			3	110,045
4	**Adjustments** (See instructions before completing.)				
a	Standard deduction from Form 540, line 18	4a	0		
b	Medical and dental expense	4b			
c	Miscellaneous itemized deductions from federal Schedule A (Form 1040), line 24	4c	1,070		
d	Personal and real property taxes	4d	3,587		
e	Refund of personal and real property taxes	4e			
f	Interest	4f			
g	Combine lines 4a through 4f			4g	4,657
h	Depreciation of property placed in service after 1986	4h	80		
i	Circulation and research and experimental expenditures paid or incurred after 1986	4i			
j	Mining exploration and development costs paid or incurred after 1986	4j			
k	Long-term contracts entered into after 2/28/86	4k			
l	Pollution control facilities placed in service after 1986	4l			
m	Installment sales of certain property	4m			
n	Adjusted gain or loss	4n			
o	Certain loss limitations	4o			
p	Tax shelter farm activities	4p			
q	Passive activities	4q			
r	Beneficiaries of estates and trusts	4r			
s	Combine lines 4h through 4r			4s	80
5	**Tax preference items** (See instructions before completing.)				
a	Appreciated property charitable deduction	5a			
b	Depletion	5b			
c	Add line 5a and line 5b			5c	
d	Accelerated depreciation of real property placed in service before 1987	5d			
e	Accelerated depreciation of leased personal property placed in serviced before 1987	5e			
f	Amortization of certified pollution control facilities placed in service before 1987	5f			
g	Intangible drilling costs	5g			
h	Add lines 5d through 5g			5h	
6	Alternative minimum taxable income. Combine lines 3, 4g, 4s, 5c and 5h. If married filing separate, see instructions			6	114,782
7	Enter: $40,000 ($20,000 if married filing separate, $30,000 if single or head of household)			7	40,000
8	Enter: $150,000 ($75,000 if married filing separate, $112,500 if single or head of household)			8	150,000
9	Subtract line 8 from line 6. If zero or less, enter –0– here and on line 10			9	0
10	Multiply line 9 by 25% (.25)			10	0
11	Subtract line 10 from line 7. If zero or less, enter –0–. If this schedule is for a child under 14, see instructions			11	40,000
12	Subtract line 11 from line 6. If zero or less, enter –0– here and on line 15			12	74,782
13	**Tentative minimum tax.** Multiply line 12 by 8.5% (.085) **(If larger than zero, also complete Part II)**			13	6,356
14	Regular tax before credits from Form 540, line 20. If an amount is entered on Form 540, line 23, see instructions			14	7,410
15	**Alternative minimum tax.** Subtract line 14 from line 13. If zero or less, enter –0–. If this schedule is for a child under 14, see instructions. If you do not have Part II, Section D credits, also enter this amount on Form 540, line 35			15	0

● If you have entered an amount on line 15, see the **special note** on page 6 of the Schedule P (540) instructions

Part II Credit Limitations

Section A – Tax in excess of tentative minimum tax

1 a	Regular tax from Part I, line 14 minus tentative minimum tax from Part I, line 13. Not less than zero	1a	1,054
b	Exemption credits. See instructions. **Note:** do not enter more than the amount on line 1a. If your exemption credits are greater than line 1a, enter the amount shown on line 1a on Form 540, line 21, and check the Schedule P(540) box	1b	120
2 a	Enter the amount from Form 540, line 24 (use refigured amount if exemption credits are limited by line 1a)	2a	7,290
b	Tentative minimum tax from Part I, line 13	2b	6,356

LSC
TAXABLE YEAR

CALIFORNIA FORM

1991 Underpayment of Estimated Tax by Individuals 5805

If you completed Part II, III or IV, attach this form to the front of your Form 540, Form 540A or Form 540NR

Name(s) as shown on your return	Your social security number
THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL	347-38-4500

IMPORTANT

IN MOST CASES, THE FRANCHISE TAX BOARD CAN FIGURE THE PENALTY FOR YOU AND YOU DO NOT HAVE TO COMPLETE THIS FORM SEE THE GENERAL INSTRUCTIONS FOR MORE INFORMATION

IF YOU MEET ANY OF THE FOLLOWING CONDITIONS, YOU DO NOT OWE A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX AND SHOULD NOT COMPLETE OR FILE THIS FORM Use Worksheet I on page 3 of the instructions to determine if any of these exceptions apply to you

- 80% of your 1991 California adjusted gross income was wages subject to California withholding (see Worksheet I, Part A); or
- 80% of your 1990 or 1991 tax liability (after reducing it for the amount of all credits, except the withholding credit) was paid by the amount of tax withheld from your wages for that year (see Worksheet I, Part B); or
- The amount of your tax liability (allowing for credits and withholding, but not including other taxes or estimated tax payments) for either 1990 or 1991 was less than $100 ($50 if married filing a separate return) (see Worksheet I, Part C); or
- The amount of your withholding plus your estimated tax payments, **if paid in required installments**, is at least 80% of the tax shown on your 1991 return or 100% of the tax shown on your 1990 return (see Worksheet I, Part D); or
- Your 1990 return was for a full 12 months (or would have been had you been required to file) and you did not have any tax liability on that return.

Part I Income Earned on an Annualized Basis

Did you earn your 1991 income at an uneven rate and did you make estimated tax payments on an annualized basis?
See Side 2, Part IV, for more information

☒ No Go to Part II below

☐ Yes. Complete Part IV, Annualized Income Installment Method Schedule on Side 2 of this form.

Part II Request for Waiver of Underpayment Penalty. (See instructions)

To request this waiver

1. Check the box that applies to you. See the instructions for more information

   ☐ Casualty or disaster ☐ Retired after 62 or disabled ☐ 1991 law change (payments made before 9/15/91 only)

2. Explain below why the penalty for underpayment of estimated tax should be waived Attach additional sheets, if necessary

Note: If you request a waiver of penalty, complete form FTB 5805 without regard to the waiver. Write the word "WAIVER" and amount to be waived on the dotted line in Part III. Subtract amount to be waived from the amount you figured on Worksheet III. Enter the result on the line in Part III. The waiver will not be allowed unless the underpayment explanation above is completed. You will be notified only if the waiver is not granted. In this case, the Franchise Tax Board will compute the penalty and send a bill for the unpaid amount. That bill will be the official notice of denial of your request for waiver

Part III Underpayment Penalty Amount

Enter the total penalty amount from Worksheet III, Quarters 1 through 4. . . . . $ _____

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL

Worksheet II **Determine if you underpaid your estimated tax.** Fiscal year filers must adjust the dates accordingly

	1st Quarter due 4/15/91	2nd Quarter due 6/15/91	3rd Quarter due 9/15/91	4th Quarter due 1/15/92
1. 1991 Estimated Tax Liability	1,259	1,259	1,259	1,258
2. 1991 Withholding Taxes	1,259	1,259	1,259	4,540
3. 1991 Estimated Tax Due Subtract line 2 from line 1				-3,282
List Payments:	**Apply Payments:**			
4. Amounts Paid On or Between **1/1/91 and 4/15/91** **Date** **Amount**				
5. 1st Quarter Underpayment. Subtract line 4 from line 3. Enter here and on Worksheet III, 1st Quarter, line 1				
6. Amounts Paid On or Between **4/16/91 and 6/15/91** **Date** **Amount**				
7. 2nd Quarter Underpayment. Subtract line 4 and line 6 from line 3. Enter here and on Worksheet III, 2nd Quarter, line 1				
8. Amounts Paid On or Between **6/16/91 and 9/15/91** **Date** **Amount**				
9. 3rd Quarter Underpayment. Subtract lines 4, 6, and 8 from line 3. Enter here and on Worksheet III, 3rd Quarter, line 1				
10. Amounts Paid On or Between **9/16/91 and 1/15/92** **Date** **Amount**				
11. 4th Quarter Underpayment. Subtract lines 4, 6, 8 and 10 from line 3. Enter here and on Worksheet III, 4th Quarter, line 1				-3,282

Worksheet III **Computation of penalty for underpayment of estimated tax.**

QUARTER 1	A Date of Payment	B Amount of Payment	C Number of Days Underpaid From 4/15/91–6/30/91 11%	D Number of Days Underpaid From 7/1/91–4/15/92 10%	E Daily Rate @11%= .00030137 @10%= .00027322	F Penalty Amount
1. Underpayment					00030137	$
					00027322	$
2. Late Payment						
3. Revised Underpayment					00030137	$
					00027322	$
4. Late payment						
5. Revised Underpayment					00030137	$
					00027322	$
6. Late Payment						
7. Revised Underpayment					00030137	$
					00027322	$
8. Late Payment						
9. Revised Underpayment					00030137	$
					00027322	$
10. Late Payment						
11. Revised Underpayment					00030137	$
					00027322	$
					Total Penalty for the Quarter	

QUARTER 2	A Date of Payment	B Amount of Payment	C Number of Days Underpaid From 4/15/91–6/30/91 11%	D Number of Days Underpaid From 7/1/91–4/15/92 10%	E Daily Rate @11%= 00030137 @10%= 00027322	F Penalty Amount
1. Underpayment					00030137	$
					00027322	$
2. Late Payment						
3. Revised Underpayment					00030137	$
					00027322	$
4. Late Payment						
5. Revised Underpayment					00030137	$
					00027322	$
6. Late Payment						
7. Revised Underpayment					00030137	$
					00027322	$
8. Late Payment						
9. Revised Underpayment					00030137	$
					00027322	$
10. Late Payment						
11. Revised Underpayment					00030137	$
					00027322	$
					Total Penalty for the Quarter	

Worksheet III Computation of penalty for underpayment of estimated tax.

QUARTER 3	A Date of Payment	B Amount of Payment	C Number of Days Underpaid From 4/15/91–6/30/91 11%	D Number of Days Underpaid From 7/1/91–4/15/92 10%	E Daily Rate @11%= .00030137 @10%= .00027322	F Penalty Amount
1. Underpayment					00030137	$
					00027322	$
2. Late Payment						
3. Revised Underpayment					00030137	$
					00027322	$
4. Late payment						
5. Revised Underpayment					00030137	$
					00027322	$
6. Late Payment						
7. Revised Underpayment					00030137	$
					00027322	$
8. Late Payment						
9. Revised Underpayment					00030137	$
					00027322	$
10. Late Payment						
11. Revised Underpayment					00030137	$
					00027322	$
					Total Penalty for the Quarter	

QUARTER 4	A Date of Payment	B Amount of Payment	C Number of Days Underpaid From 4/15/91–6/30/91 11%	D Number of Days Underpaid From 7/1/91–4/15/92 10%	E Daily Rate @11%= .00030137 @10%= .00027322	F Penalty Amount
1. Underpayment		-3,282			00030137	$
					00027322	$
2. Late Payment						
3. Revised Underpayment					00030137	$
					00027322	$
4. Late Payment						
5. Revised Underpayment					00030137	$
					00027322	$
6. Late Payment						
7. Revised Underpayment					00030137	$
					00027322	$
8. Late Payment						
9. Revised Underpayment					00030137	$
					00027322	$
10. Late Payment						
11. Revised Underpayment					00030137	$
					00027322	$
					Total Penalty for the Quarter	

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 12/31/91
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1991 CALIFORNIA DEPRECIABLE BASIS SCHEDULE

NO.	COST/ BASIS	BUS. PCT.	BUSINESS BASIS	SEC 179	BONUS DEPR.	DB DEPREC.	SALVAGE VALUE	DEPR. BASIS
SCHEDULE C - SUSANNE M. CAMPBELL								
2	747	100	747					747
	747		747	0	0	0	0	747
FORM 2106 (OTHER) - SUSANNE M. CAMPBELL (TOUR MANAGER)								
1	397	100	397					397
	397		397	0	0	0	0	397

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 12/31/91
347-38-4500 PAGE 1

1991 CALIFORNIA DEPRECIATION SCHEDULE

NO.	DESCRIPTION	DATE ACQUIRED	DEPR. BASIS	PRIOR DEPREC.	METHOD	LIFE	RATE	DEPR.
SCHEDULE C - SUSANNE M. CAMPBELL								
2	COMPUTER	12/08/91	747		S/L 1/4	3	.04170	31
			747	0				31
FORM 2106 (OTHER) - SUSANNE M. CAMPBELL (TOUR MANAGER)								
1	FAX MACHINE	9/10/90	397	79	200DB 1/2	5	.32000	127
			397	79				127

THOMAS J. CAMPBELL AND SUSANNE M. CAMPBELL 12/31/91
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1991 ALTERNATIVE MINIMUM TAX
CALIFORNIA DEPRECIATION SCHEDULE

NO.	DESCRIPTION	DATE ACQUIRED	DEPR. BASIS	PRIOR DEPREC.	METHOD	LIFE	RATE	DEPR.
FORM 2106 (OTHER) - SUSANNE M. CAMPBELL (TOUR MANAGER)								
1	FAX MACHINE	9/10/90	397	25	150DB 1/2	12	.11720	47
			397	25				47

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 9

(22)

BENJAMIN L. CARDIN
(Full Name)

2509 Shelleydale Drive — 202 - 225 - 4016
(Mailing Address) — Telephone

Baltimore, Maryland 21209

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Maryland District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

Source	Type	Amount
Examples: State College	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
State of Maryland (Income earned prior to being elected to Congress)	Deferred Compensation	$23,922
Sole Proprietor - Law Practice (Income earned prior to 1991)	Legal Fees	2,000
State of Maryland	Pension	3,234
Maryland Assoc. of Non-public Special Educational Facilities	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

BENJAMIN L. CARDIN

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
College of American Pathologist 1101 Vermont Ave., N.W. Suite 604; Wash.,D.C.	Speech	Jan. 23, 1991	$1,000
Graphic Communications International Union Wash., D.C.	Speech	March 19,1991	1,000
American Society of Executives Association Wash., D.C.	Speech	March 12, 1991	1,000
Duffy Wall & Associates Wash., D.C.	Speech	April 9, 1991	2,000
American Iron & Steel Institute 1133 15th Street, N.W.; Wash., D.C. 20005	Speech	August 28, 1991	1,000

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples. S	ABC Corporation Stock			X								X								X									X
		George Wash. Credit Union Accounts				X									X								X							
		182 Main Street, Dover, Delaware					X							X								X								
	N.C.R. Stock NO LONGER OWNED		X										X								X				X					X
	Olin Corporation Stock				X								X								X									
	Bristol Myers Squibb Co. Stock						X						X									X								X
	Time Warner Common & Preferred Stock					X							X									X								X
	BHC Communications, Inc. Stock				X								X						X											
	Niagara Mohawk Stock				X								X							X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BENJAMIN L. CARDIN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S. DC. JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	BTR Stock			X								X							X										
	Radiation System Stock			X								X								X									
	Westmark Int. Incorp. Stock			X								X							X										
S	Northeast Utilities Stock			X								X									X								
	A.T. & T. Stock			X								X							X										X
S	Camden Yards Cold Storage, Inc. Stock, Balto., Md.		X								X NOTE 10	X							X										X
JT	Smith, Barney Cash Management Account					X						X											X						
JT	Maryland State Bond NO LONGER OWNED	X												X							X								X
JT	Maryland Health & Higher Ed. Bond			X										X								X							
JT	Prince George's Co., Md. Bond			X														No Income Zero Coupon											X
JT	Israel Bonds			X										X						X									
JT	Meyer M. Cardin Trust NOTE 1					X					X								X										X
DC	Venture B.G. Partnership, 3601 2 Washinton Blvd., Balto.,Md.					X					X							K(c) K(d)				X	X						
	Deferred Compensation Plan, State of Maryland					X												N/A											X
	Keough - A.B.A. Retirement Plan Benj. L. Cardin Retire.Plan					X												N/A											

[redacted] (Form A)

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Financial Disclosure A-2(a)

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BENJAMIN L. CARDIN

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional

NOTE: Only dependent child is Deborah Cardin (daughter)

S.C. JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Ameritech Stock NOTE 3 NO LONGER OWNED	X													X						X								less than $1000
	Bell Atlantic Stock NOTE 3 NO LONGER OWNED	X													X						X								less than $1000
	Bell South Stock NOTE 3 NO LONGER OWNED	X													X						X								less than $1000
	NYNEX Stock NOTE 3 NO LONGER OWNED	X													X						X								less than $1000
	Pac Tel Stock NOTE 3 NO LONGER OWNED	X													X						X								less than $1000
	S.W. Bell Stock NOTE 3 NO LONGER OWNED	X													X						X								less than $1000
	U.S. West Stock NOTE 3 NO LONGER OWNED	X													X						X								less than $1000
NOTE 4	IRAs - Hamilton Investments Towson, Md. Assets include:													X								X							X NOTE 4
	1. Israel Bonds				X																								
	2. Money Market Funds		X																										
S	Deferred Compensation Plan - Spouse Employment			X														N/A											
S	T.I.A.A.-CREF Retirement & pension Plans - Spouse Empl.			X														N/A											
	Benjamin L. Cardin Trust (B. Green) NOTE 5									X		X		X										X					X
S DC	Benjamin L. Cardin Trust (Settlor) NOTE 6		X								X NOTE 7								X										
DC	Union Pacific Stock			X								X									X								
DC	A.T. & T. STOCK			X								X								X									

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: BENJAMIN L. CARDIN

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. NOTE: Only dependent child is Deborah Cardin (daughter)	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	MCI Communications, Inc. Stock			X								X								X									
DC	Laidlaw Transportation Ltd. Stock		X									X								X									
DC	Time Warner Common & Preferred Stock			X								X									X								
DC	BHC COMMUNICATIONS, Inc. Stock			X								X							X										
DC	Browning Ferris Industries, Inc. Stock			X								X								X									
DC	GTE Corp Stock			X								X								X									
DC	Niagara Mohawk Power Stock			X								X								X									
DC	Rollins Environmental Services Inc. Stock			X								X								X									
DC	Scott Paper Co. Stock			X								X								X									
DC	Unocal Corp. Stock			X								X								X									
DC	Varity Corp. Stock				X							X							X										
DC	Smith, Barney Management Account				X							X										X							
DC	B. Green & Co., Inc. 3601 Wash. Blvd., Balto.,Md. Prom.Note			X										X							X								
DC	Israel Bonds				X									X								X							X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BENJAMIN L. CARDIN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional NOTE: Only dependent child is Deborah Cardin (daughter)	S DC JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Swiss Mtn. Condominium, Unit 2404 Seven Springs, Pa. NOTE 8				X						X NOTE 8		X					Gross Net Loss					X						
DC	Savings Accounts NOTE 9				X									X								X							

[redacted] (Form A)

Reporting Individual's Name
BENJAMIN L. CARDIN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NOTE: Only dependent child is Deborah Cardin (daughter) **NONE** ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Bristol Myers Squibb Co. Common Stock	X			NOTE 11	X						
	Deferred Compensation Plan State of Maryland	Withdrawals			~~Monthly~~		X					
	See NOTE 5 for transactions of Benjamin L. Cardin Trust (B. Green)											
	NCR Common Stock		X		3-27-91		X					
	A.T. & T. Common Stock (Received in merger for NCR Common Stock)			X	11-1-91	X						
	Time Warner Common & Preferred Stock	X			NOTE 11	X						
JT	Maryland State Bond	Matured			3-1-91	X						
S	Camden Yards Cold Storage, Inc. Common Stock	X			5-18-91	X						
NOTE 4	Israel Bonds (Purchased by IRAs)	X			11-20-91		X					
JT	Prince George's Co., Md. Bond	X			5-9-91	X						
	See NOTE 1 for transactions of Meyer M. Cardin Trust											
DC	Israel Bonds NOTE 12	X			3-1-91	X						

Reporting Individual's Name

BENJAMIN L. CARDIN

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	See NOTE 2 for Liabilities of Venture B.G. Partnership								
	See NOTE 6 for Liabilities of Benjamin L. Cardin Trust (Settlor) - Green Properties Partnership								

Reporting Individual's Name
BENJAMIN L. CARDIN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C. to Seattle, 3 days food & lodging, self and spouse	
Los Angeles Host Committee	Dec 2-5 1991	Fact finding travel sponsored by Congressional Arts Caucus;roundtrip airfare to L.A. from Wash.,D.C.	
		(returned on Dec 8,1991 after continuing travel at own expense), three nights lodging and food; itinary	
		included many art institutions in L.A. & Hollywood	
Motor Vehicle Manufacturer's Association	April 25-26,1991	Fact finding travel sponsored by Congressional Compet. Caucus to visit U.S. auto manuf.; roundtrip airfare	
		to Detroit from Wash., D.C.; one night lodging & food.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

BENJAMIN L. CARDIN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
	SEE ATTACHED LIST

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
Jan. 2, 1987 (Retired)	Filer and the State of Maryland	As a "retiree from State service, I receive pension benefits (reported in part I) and the right to participate in health insurance with the employer subsidizing the cost. In addition, I am receiving deferred compensation for income earned during my employment with the State (reported in Part I)

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes ☐ No [X] NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S.C app 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Benjamin L. Cardin	May 13, 1992

ETHICS IN GOVERNMENT ACT _ FINANCIAL DISCLOSURE STATEMENT

BENJAMIN L. CARDIN

PART VIII POSITIONS

POSITION	NAME OF ORGANIZATION
Director	Park School - Baltimore, Maryland
Member	Chancellor's Advisory Council of the University of Maryland System, College Park, Maryland
Trustee/Secretary of the Bd. of Trustees	St. Mary's College, St. Mary's, Maryland
Director	Catonsville Community College Foundation, Balto., Md.
Member	President's Advisory Board, University of Maryland, Baltimore County Campus, Baltimore, Maryland
Director	Re-Visions Foundation, Inc., Baltimore, Maryland
Director/Chairman	Maryland Legal Services Corporation, Balto., Md.
Trustee	Baltimore Museum of Art, Baltimore, Maryland
Board Member	Menorah Lodge #771, B'nai B'rith, Balto., Md.
Board of Visitors	University of Maryland Law School, Balto., Md.
Member	Safety First Club Board Member, Baltimore, Maryland
Board of Advisors	Closeup Foundation, Virginia
Board of Advisors	Volunteers of America, Balto., Md.
Board of Directors	Baltimore-Washington International Airport Development Council
Technical Review Committee	Maryland Psychiatric Research Center
Partner	Partnerships listed in PARTS II & III (Venture BG, Green Properties and Warwick Associates)
Board of Advisors	Patriots of Fort McHenry

NOTES

[1] A trust established by filer's father for benefit of filer and spouse during their lifetime with remainderman to filer's children. Assets and transactions of trust are listed on attached sheets. The evaluation of the trust stock in B. Green & Co., Inc. (preferred stock) is based on an evaluation by Arthur Anderson & Co. dated July 16, 1991.

[2] Venture BG is a partnership that holds the land at 3601 Washington Blvd., Balto., Md. The property is leased to B. Green & Co. Filer owns a 2% interest. The evaluation is based on the purchase price established in an option to purchase which the Filer gave to B. Green by an agreement dated Sept. 25, 1989. The assets and liabilities of the partnership are listed on attached sheets. Income reflected on Part III represents "income" K(c) line of K1 form and "distributions" K(d) line of K1 form.

[3] Stocks owned by spouse's aunt that where sold on her behalf and through filer's account at Smith, Barney. Proceeds used for aunt's medical expenses.

[4] Includes I.R.A.s for Filer and spouse In 1991, the trustee of the IRAs was changed from Sequoia Federal Savings Bank to Hamilton Investments and the underlining investments were changed from CDs to Israel Bonds and Money Market Funds.

[5] A trust established by Grandfather (Benjamin L. Green). Filer is income beneficiary and contingent residuary beneficiary. Assets and transactions are listed on attached sheets.

[6] A trust established by Filer on June 29, 1990 for the benefit of spouse during her lifetime with remainder interest to Filer's children. The trust holds a one-sixth interest in a partnership known as Green Properties Partnership. The partnership owns property located at 1300 S. Monroe Street, Balto., Md. and 2330 N Warwick Ave., Balto., Md. (through a partnership known as Warwick Associates). Both properties are leased to B. Green & Co., Inc. In addition the trust purchased life insurance in March, 1991. The assets and liabilities of the trust and partnerships are listed on attached sheets.

[7] Book value of underlining assets as of Dec. 31, 1991, was a negative amount.

[8] The evaluation is based on the purchase price of $84,700 on Oct., 1984. Property gifted by Filer and spouse to children on June 15, 1990 at which time the mortgage from Filer and spouse to children was satisfied and released. Information listed represents interest of dependent child (Deborah Cardin) only which is a one-half interest in the property.

[9] The savings accounts are Sequoia Federal Savings Bank, Balto., Md. and Household Bank, Balto., Md..

[10] The evaluation is based on book value of a corporation which is not publically traded.

[11] Quarterly dividend reinvestment,

[12] Israel Bonds were purchased in part through the maturity of Israel Bonds totally $3150 that matured on February 25, 1991.

FOR ASSETS THAT ARE INCLUDED IN MEYER M. CARDIN TRUST

NOTE 1

Reporting Individual's Name
BENJAMIN L. CARDIN

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	B. Green & Co. Preferred Stock (Also known as BG Acquisition Co.), 3601 Washinton Blvd., Balto., Md.						X				X NOTE 1								X										X

For additional assets and unearned income, use next page

FOR TRANSACTIONS THAT ARE INCLUDED IN THE MEYER M. CARDIN TRUST

NOTE 1

Reporting Individual's Name
BENJAMIN L. CARDIN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	B. Green & Co., Inc. Preferred Stock (Also known as BG Acquisition Co.)	GIFT			8-5-91				X			

FOR ASSETS THAT ARE HELD FOR INVESTMENT OR INCOME PRODUCTION

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

NOTE 2

Continuation Sheet (if needed)

Reporting Individual's Name: BENJAMIN L. CARDIN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
3601 Washington Blvd., Balto. Md.									X			X														X	

FOR LIABILITIES THAT ARE INCLUDED IN VENTURE BY PARTNERSHIP

NOTE 2

Reporting Individual's Name: BENJAMIN L. CARDIN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Provident National Indemnity c/o Nations Bank	Mortgage on 3601 Washington Blvd., Balto., Md.							X

Financial Disclosure A-4

FOR ASSETS THAT ARE INCLUDED IN BENJAMIN L. CARDIN TRUST (B.GREEN)

NOTE 5

Reporting Individual's Name: BENJAMIN L. CARDIN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		B. Green & Co. Stock (Also Known BG Acquisition Co.), 3601 Washinton Blvd., Balto, Md.								X		X NOTE 10	X												X					
		Washington Suburban Sanitation Bonds					X								X									X						
		Howard Co., Md. Bond				X									X								X							X
		University of Maryland Bonds					X								X									X						
		Maryland Community Dev. Bonds				X									X								X							

For additional assets and unearned income, use next page

OF ASSETS THAT ARE INCLUDED IN BENJAMIN L. CARDIN TRUST (BLIND)

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

NOTE 5

Page 2 of 2

Reporting Individual's Name: BENJAMIN L. CARDIN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Montgomery Co., Md. Ride On Bond			X										X							X								
Baltimore City Bond				X									X								X							
Maryland Bonds - DOT					X								X										X					
Smith, Barney Cash Management Account				X									X							X								
Balto. Co., Md. Bonds				X									X								X							
National Capitol Park & Planning Bond				X									X								X							
Anne Arundel Co., Md. Bonds				X									X								X							
Seligman Bond Fund				X									X								X							
Maryland Health & Higher Ed. Bond			X										X							X								
Maryland Tax Free Bond Fund 76					X								X										X					
Annapolis, Md. Bond			X										X							X								
St. Mary's Co., Md. Bond			X										X							X								
Maryland State Bond				X									X							X								

FOR TRANSACTIONS THAT ARE INCLUDED IN THE BENJAMIN L. CARDIN TRUST (B. GREEN)

Reporting Individual's Name
BENJAMIN L. CARDIN

PART IV – TRANSACTIONS

NOTE 5

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Howard Co., Md. Bond	X			1-22-91	X						

FOR ASSETS THAT ARE INCLUDED IN BENJAMIN L. CARDIN TRUST (SETTLOR)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

NOTE 6

Reporting Individual's Name: BENJAMIN L. CARDIN

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
A one-sixth partnership interest in Green Properties Partnership which assets consist of (1) 1300 S. Monroe Street Balto., Md.									X			X														X		
(2) Warwich Associates Partnership which assets consist of 2330 N. Warwich Ave., Balto., Md. (including equipment)									X			X														X		

TOP LIABILITIES THAT ARE INCLUDED IN BENJAMIN L. CARDIN TRUST (SETTLOR)

NOTE 6

Reporting Individual's Name

BENJMAIN L. CARDIN

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	LIABILITIES INVOLVING GREEN PROPERTIES PARTNERSHIP (1) Provident Bank of Maryland	Mortgage on 1300 S. Monroe St Balto., Md.							X
	(2) Bank Of Maryland (Towson, Md.)	Mortgage on 2330 N. Warwich Ave. Balto., Md.						X	
	(3) B. Green & Co., Inc. 3601 Wash. Blvd., Balto., Md.	Loans for1300 S. Monroe St. & 2330 N. Warwich Ave.						X	

Financial Disclosure A-4

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 12: 32
OFFICE OF [illegible]
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

(8)

Thomas Richard Carper
(Full Name)

600 W. Matson Run Parkway Wilmington, Delaware
(Mailing Address)

19802

Telephone: (302) 764-7478

Filer Status	X Member of the U.S. House of Representatives	State DE District: At Large	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	DuPont Company	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Thomas R. Carper

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	N/A			

Reporting Individual's Name
Thomas R. Carper

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year-end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
JT	Rental Property: 220 Mendell Place New Castle, DE							X							X									X								
JT	Rental Property: 110 Sundown Lane Pineville, NC							X							X									X								
JT	Rental Property: 106 6th Street, SE Washington, D.C.								X						X						X											
S	IRA: Wilmington Trust Co.					X										X						X										
	IRA: Wilmington Trust Co.					X										X						X										
	State of DE Deferred Compensation Program					X										X						X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas R. Carper

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		I DIVIDENDS	II RENT	III INTEREST	IV CAPITAL GAINS	V EXCEPTED TRUST	VI QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Mellon Bank (DE) Checking Accounts			X										X							X								
JT	Wilmington Trust Co. Checking and Savings Accounts			X										X							X								
S	DuPont Co. Thrift Plan						X							X										X					
S	DuPont Co. Common Stock				X							X											X						
S	Jefferson Standard Life Insurance Policy (Cash Value)			X								X								X									
	Federal Employees Thrift Plan				X									X								X							
	USAA Subscriber Savings Account			X										X					X										

(Form A)

Reporting Individual's Name: Thomas R. Carper

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	N/A											

Reporting Individual's Name

Thomas R. Carper

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Source One Mortgage Servicing Co.	Mortgage on 220 Mendell Place New Castle, DE		X					
JT	Marsh Mortgage Co.	Mortgage on 110 Sundown Lane Pineville, NC		X					
JT	Wilmington Trust Co.	Mortgage on 106 6th Street Washington, D.C.				X			

Reporting Individual's Name
Thomas R. Carper

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
N/A		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Thomas R. Carper

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Thomas R. Carper	May 12, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] 3

(11)

BOB CARR
(Full Name)

2439 RAYBURN HOB
(Mailing Address)

WASHINGTON, DC 20515

Telephone 225 4822

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State ____ District ____	[ ] Officer or Employee	Employing Office ____
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date ____

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	See Continuation Sheet		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

BOB CARR

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	See Continuation Sheet			

Reporting Individual's Name: Bob Carr

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	See Continuation Sheet																											

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BOB CARR

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	See Continuation Sheet																											

[redacted] (Form A)

Reporting Individual's Name
BOB CARR

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	See Continuation Sheet											

Financial Disclosure A-3

Page ___ of ___

Reporting Individual's Name
BOB CARR

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
		See Continuation Sheet							

Financial Disclosure A-4

Page ____ of ____

Reporting Individual's Name
Ed Carr

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

See Continuation Sheet

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

See Continuation Sheet

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
BOB CARR

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	GIR (X)
		See Continuation Sheet	

Reporting Individual's Name: BOB CARR

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
	See Continuation Sheet

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	See Continuation Sheet	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5-15-92

GPO: 1991 50-387 (m)

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT 1991
BOB CARR
Continuation Sheet

PART IA - EARNED INCOME

Source	Type	Amount
Kate Smith and Associates	Spouse Draw	NA
DNC Services Corporation	Spouse Salary	NA

PART III - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Source	Activity	Date	Amount
The Tobacco Institute	Speech	January 17th	$2000
Michigan Concrete Paving Association	Speech	April 3rd	$1000
American Trucking Association	Speech	April 27th	$2000
Shipbuilders Council of America	Speech	October 8th	$1000

PARTS II AND III ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and /or Income Source		BLOCK B Valuation of Asset		BLOCK C Income			BLOCK D
		Year End Value		Type			Transaction
	Apartment in DC House	F		Rent		V	
	Prudential Life Insurance	B		Dividend		I	
	Apple Computer Common Stock	B		Dividend		I	
	Gillette Co Common Stock	C		Dividend		II	
	Houghton Mifflin Co Common Stock	B		Dividend		I	
	American Express Muni Money Market Fund	None		Dividend		I	Buy/Sell

PART IV- TRANSACTIONS

Identification of Assets	Type of Transaction		Amount
	Pur, Sale or Exh	Date	
American Express Muni Money Market Fund	Purchase	12/13/92	B
American Express Muni Money Market Fund	Sale	12/19/92	B

PART V - LIABILITIES

	Creditor	Type of Liability	Category
	Shearson Lehman Brothers	Margin Account	C

PART VI - TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Source	Brief Description	Value
Kemper Open Committee	Carry-all, Shirt, Sweater, Crystal to Pro-Am Contestants (minus personal payment)	<$200
Danny Thompson Memorial Golf Tournament	Shoes, Shirt, Cap, Jacket, & Golf Balls to Celebrity Participants	<$200
PGA Tour CEO Tournament	Shoes, Shirt, Clubs to Celebrity Participants	<$200

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT
BOB CARR
Continuation Sheet

PART VII- "REIMBURSEMENTS' AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses	Gift
The Tobacco Institute	1/14 -17	DCA-LAX, PSP-DCA airfare, car rental, food, 1 night lodging, self and spouse	
Hughes Aircraft	1/14-15	Los Angeles, food and 2 nights lodging, self and spouse	
Continental Airlines	3/3-4	DCA-IAH-DCA airfare, food and 1 night lodging, self and spouse	
American Medical Association	3/8-10	DCA-RSW, APF-DTW, airfare, food and 2 night's lodging, self & spouse	
Associated General Contractors	3/14-18	Honolulu, HI DCA-HNL-DCA, airfare, food and 4 night's lodging	
Gulfstream American	4/12-13	DCA-LAX, airfare, food, 1 night lodging, self and spouse	
National Association of Broadcasters	4/13-15	LAX-LAS-DCA, airfare, food and 2 night's lodging, self and spouse	
American Trucking Association	4/26-30	DCA-MIA-JAX-DCA, airfare, food and 1 night lodging self and spouse	
PGA Tour	4/28-29	Ponte Vedra, FL food and 2 night's lodging, self and spouse	
Detroit Chamber of Commerce	5/31-6/2	DCA-Mackinac Island-DCA, airfare, food and 2 night's lodging, self and spouse	
Airport Operators Council Int'l	6/19-21	IAD-BRU-IAD, airfare, food and 3 night's lodging, self and spouse	
Intermountain Ronald McDonald House	8/10-13	IAD-SLC-IAD, airfare, food and 3 night's lodging, self and spouse	
Michigan Roadbuilders	8/15-18	DCA-Mackinac Island-PTK, airfare, food and 3 night's lodging, self and spouse	
Danny Thompson Golf Tournament	8/19-25	DTW-SUN-DCA, airfare, food and 4 night's lodging, self and spouse	

PART VIII - POSITIONS

Director, World Hunger Year (uncompensated)

PART IX - AGREEMENTS

None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAR 13 AM 11:15

(8)

Rod Chandler
(Full Name)

223 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Telephone (202)225-7761

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State: Washington District: eighth	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Rod Chandler

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
American Society of Anesthesiologists	speech	May 14, 1991	$1,000
National Machine Tool Builders Association	speech	May 22, 1991	$2,000
American Trucking Association	speech	June 24, 1991	$2,000
Computer and Business Equipment Manufacturers Association	speech	August 1, 1991	$2,000
Sundown M Ranch	speech	September 1, 1991	$1,500

Reporting Individual's Name
Rod Chandler

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
		Alki Associates				X							X									X									
		Juanita Office Associates				X							X							X											
		Plaza Hotel				X							X							X											
		Murphy Favre (Sep IRA Mutual Fund)				X							NA							NA											
		Wright Patman Congressional Fed. Credit Union			X										X							X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Rod Chandler

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Rod Chandler

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Rod Chandler

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☒

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Congressional Institute, Inc.	Mar. 14-16, 1991	2 nights food and lodging for self and spouse; Train fare from Wash, D.C. to Princeton, N.J. (roundtrip for spouse - 1 way for Mr. Chandler)	
Jewish Federation of Greater Seattle	May 25-June 1, 1991	Roundtrip Air Travel from Wash. Dulles to London Heathro to Tel AVIV plus meals and lodging for self and spouse (fact-finding trip)	
Sundown M Ranch	Sept. 6, 1991	1 night's food and lodging for self and spouse (speech) Yakima, WA.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Rod Chandler

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	see Appendix a

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Rod Chandler	May 15, 1992

ROD CHANDLER

PART VIII - POSITIONS

Alki Associates - partnership owns an interest in the following rental properties: 6023 SW Stevens Seattle, Wa. 98116 and 3010 61st Ave SW. Seattle, Wa. 98116
Seattle, Washington
Position: General Partner

Father Martin's Ashley
Havre de Grace, Maryland
Position: Member, Board of Directors

Juanita Office Associates
Kirkland, Washington
Position: Limited Partner

Plaza Hotel
Seattle, Washington
Position: Limited Partner

United States Capitol Historical Society
Washington, DC
Position: Member, Executive Committee

Appendix a

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

92 MAY 15 PM 2 03

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Jim Chapman
(Full Name)

2336 Cannon House Office Building
(Mailing Address) Telephone

Washington DC 20515-4301

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Jim Chapman

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
The Tobacco Institute	Speech	Jan 16-17, 1991	$ 2,000
Consolidated Natural Gas	Speech	Feb. 26, 1991	$ 2,000
American Wood Preservers Institute	Speech	Mar. 12, 1991	$ 2,000
International Industrial Symposium on the Superconducting SuperCollider	Speech	Mar. 14-15, 1991	$ 2,000
Smokeless Tobacco Council Inc.	Appearance	June 4, 1991	$ 1,000
Bell Helicopter / TEXTRON	Appearance	July 25-26, 1991	$ 2,000

Reporting Individual's Name: Jim Chapman

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X										X						
		182 Main Street, Dover, Delaware					X							X									X								
		Mobil Oil Corporation			X														Royalty			X									
		Exxon Corporation			X														Royalty			X									
		Sun Oil Corporation		X															Royalty		X										
		Freeport McMoRan			X														Royalty	X											
		Prudential Securities				X									X								X								
		Collon Consolidated Partners LP			X								X								X										

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Chapman

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Kaskuk Hospital Bonds					X									X									X						
Sunshine Mining (stock)				X								X							X										
Office Building, Church Street, Sulphur Springs TX					X								X										X						
House, Church Street, Sulphur Springs, Texas							X						X											X					
Office Building, College Street, Sulphur Springs Texas						X							X											X					
Office Building, Jefferson Street, Sulphur Springs Texas					X								X										X						
Unimproved property, 1 Deeds, Hopkins County Texas					X													none											
Note Receivable - Kaneman					X									X	X							X							
Note Receivable - Collins				X										X	X							X							
Note Receivable - Boland				X										X	X							X							
Banc Texas (stock)				X								X							X										
Texaco (stock)				X								X									X								
Texas Energy (stock)				X								X							X										
Consolidated Capital (partnership)				X												X			X										
Teacher Retirement System of Texas	S			X														employee retirement - none											

(Form A)

Reporting Individual's Name: Jim Chapman

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
Prudential Bache Securities			X										X								X						X
Trust:																											
First American Bank (Sugar Springs, TX)				X									X				X										
Merrill Lynch				X									X				X										
Putnam Money Market				X									X				X										
House, West Oak Circle, Sugar Springs TX				X												n/a	n/a X										
Prudential Bache				X									X				X										
Unimproved Real Estate, Hopkins County TX				X								X					X										
House, McLean, Virginia				X								X					X										
US Homes (note)			X										X				X										
Weltner Finance Co. (note)			X										X				X										
Various oil royalties			X													Royalty	X										
Prudential Bache Partnership			X									X	X	X			X										
Various Common Stocks.		X									X						X										

[redacted] (Form A)

Reporting Individual's Name: Jim Chapman

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Prudential Bache Securities (money market investment)	X			7-26-91	X						

Reporting Individual's Name
Jim Chapman

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First American Bank, Sulphur Springs, Texas	Mortgage on building, Sulphur Springs TX		X					
	Joe N. Chapman Jr, Sulphur Springs, Texas	Mortgage on building, Sulphur Springs TX	X						
	City National Bank, Sulphur Springs, Texas	Mortgage on building, Sulphur Springs TX		X					

Reporting Individual's Name: Tim Chapman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
PGA Tour	Golf equipment	$ 200.00
The Kemper Group	Kemper Open tickets	$ 150.-
Kemper Pro-Am	Golf equipment	$ 200.00
March of Dimes	Golf equipment	$ 185.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Keystone Center (panelist)	Jan 7-9, 1991	3 days food + lodging, self + spouse	
The Tobacco Institute (speech)	Jan 16-17, 1991	Roundtrip air DC to Palm Springs, 1 night food + lodging, self + spouse (Conference cancelled due to Desert Storm War Declaration - Congress back in session)	
Winn-Dixie (fact finding)	Feb 8-10, 1991	Roundtrip air DC-Jacksonville FL 2 days food + lodging, self	
International Industrial Symposium on the Sugar Industry Sugar Cellular (speech)	Mar 14-15, 1991	Roundtrip air DC-Atlanta, GA, 1 day food + lodging, self	
Natural Gas Production of America (panelist)	Mar 22-24, 1991	Roundtrip Air DC to Fort Myers, FL, 2 days food + lodging, self + spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jim Chapman

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	GIR (X)
Electronics Industries Assn (speaker)	Mar 25-28, 1991	Roundtrip air DC-Ft Myers, 3 days food + lodging self + spouse	
Southwestern Bell (celebrity participant)	Mar 30-Apl 1, 1991	1 day food + lodging, self + spouse 1 way Air spouse (Houston to DC)	
PGA Tour (celebrity participant)	April 28-30, 1991	3 days food and lodging self	
Pfizer, Inc (fact finding)	June 28-July 2, 1991	1 way air DC to London, England. 4 days food + lodging. self + spouse	
British Petroleum (fact-finding)	July 2-8, 1991	Roundtrip air London-Aberdeen, Scotland 1 way air London England to DC., 6 days food + lodging self + spouse	
Bell Helicopter/TEXTRON (fact finding)	July 25-26, 1991	Roundtrip airfare DC-Dallas/Ft Worth, TX, 1 day food + lodging, self	
Opportunities, Inc (charity) (celebrity participant)	August 21-25, 1991	1 way air DC to Tennessee, AK for charity tournament + self	
Danny Thompson Memorial Golf Tournament (celebrity participant)	Aug 22-24, 1991	1 way air Tennessee AK to Sun Valley, ID, 2 days food + lodging, self + spouse (self) Roundtrip air DC-Sun Valley, (spouse)	
Philip Morris (speech)	Sept 7-8, 1991	Roundtrip air DC-New York, 2 days food + lodging, self + spouse	

Reporting Individual's Name
Tim Chapman

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☒

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tim Chapman	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

92 MAY 12 PM 4:01

HAND DELIVERED

MC (Office Use Only)

William L. Clay
(Full Name)

2470 Rayburn House Office Building
(Mailing Address)

(202) 225-2406
Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Missouri District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [XX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
William L. Clay

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
National Association Postmasters U.S. Washington, D.C.	Speech	Feb., 20 , 1991	$1,000.00
Catalogue Mailers Washington, D.C.	Speech	Feb. 20, 1991	2,000.00
National League of Postmasters Crystal City, Va.	Speech	Feb. 25, 1991	1,000.00
Laborers International Washington, DC.	Speech	July 25, 1991	500.00
National Treasury Employees Union -Washington, D.C.	Speech	March 4, 1991	2,000.00
National Federal Employees Union - Washington, D.C.	Speech	March 4, 1991	2,000.00
National Teamsters Union - Washington, D.C.	Speech	March 5, 1991	2,000.00
Graphie C.I. Union - Washington, D.C.	Speech	March 9, 1991	1,500.00
Mail Handlers Union - Washington, D.C.	Speech	March 25, 1991	1,000.00
National Association of Postal Supervisors Washington, D.C.	Speech	March 11, 1991	1,000.00
International Firefighters Washington, D.C.	Speech	April 10, 1991	2,000.00
CNA Insurance Company New Orleans, LA.	Speech	April 4, 1991	2,000.00
National Association of Black Accountants Tulsa, Oklahoma	Speech	June 6, 1991	2,000.00
National Association of Securities Professionals Chicago, Il.	Speech	June 20, 1991	2,000.00
Teamsters Union National Brotherhood Orlanda, Fla.	Speech	June 24, 1991	2,000.00
Missouri National Association of Postal U.S. Missouri	Speech	June 26, 1991	1,000.00
National League of Postmasters(Detroit)	Speech	September 3, 1991	1,000.00
Laborers International Las Vegas	Speech	October 10, 1991	2,000.00

Reporting Individual's Name
William L. Clay

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts				X									X									X					
			182 Main Street, Dover, Delaware					X							X								X							
			Certificate of deposit Congressional Federal Credit Union			X										X							X							
			Certificate of deposit Pulaski Savings			X										X							X							
			Certificate of deposit Sandy Springs Bank			X										X							X							
			Certificate of deposit Congressional Federal Credit Union			X										X							X							
			Certificate of deposit Congressional Federal Credit Union					X								X							X							
			Savings account Congressional Federal Credit Union			X										X									X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William L. Clay

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
American Express				X								X								X										
Anheuser Busch					X							X									X									
AT&T				X								X								X										
Jones Medical Inc.				X								X								X										
I.C. Whitman Corp.				X								X								X										
Institution Mid-American				X								X								X										
UNUM				X								X									X									
Zerox				X								X								X										
Schwarts Brothers				X								X								X										
SCS Computer				X								X								X										
Syms Corp.				X								X								X										
Golden Isles Ltd.					X										X				X											
Pet Inc.				X								X								X										
Missouri Housing				X										X							X									

[redacted] (Form A)

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William L. Clay

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
	Year End Value (X)										Type of Income (X)								Category of Amount of Income (X)										
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		A	B	C	D	E	F	G	H	Indicate if alternative valuation method (X) Attach explanation							Other Income (Specify type)		I	II	III	IV	V	VI	VII	VIII	IX		Transaction (X)
S, DC, JT	None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			None	Less than $201	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
Missouri State Housing			X										X								X								
Missouri Health & Education (Jewish)				X									X									X							
Missouri Health & Education (St. John)			X										X								X								
Missouri State Third Building			X										X								X								
Missouri State Housing			X										X								X								
Missouri State Housing			X										X								X								
Missouri State Housing			X										X								X								
Mississippi Highway General			X										X								X								
IMIT			X										X								X	Erroneously omitted last year)							
IMIT			X										X								X								
Missouri PCR Assoc. Electric			X										X								X								
S.E. Missouri Correctional			X										X								X								
IMIT			X										X								X								
N.Y State Mortgage Agency			X										X								X								
N,Y, Dormitory Authority			X										X								X								

[redacted] (Form A)

Reporting Individual's Name: William L. Clay

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Certificate of Deopsit - Congressional Federal Credit Union		X		12/09/91		X					
	Certificate of Deopsit - Congressional Federal Credit Union		X		12/09/91	X						
	Certificate of Deopsit - Congressional Federal Credit Union		X		12/09/91	X						
	Pet Inc. (Stock)	X			04/01/91	X						

Reporting Individual's Name
William L. Clay

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [XX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
William L. Clay

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
L.A. Marathon Corporation	Oct. 4,5,91	Roundtrip airfare, DC to N.Y. 2 days, food, lodging -Self/wife	
LA Marathon Corporation	Mar. 1-2,91	Roundtrip airfare, DC LA 2 days, food. lodging -self	
Continenral Nat'l Assurance	7/10,11-91	Roundtrip airfare, DC to Toronto, Canada- 2 days, food,lodging(self)	
American Postal Workers Union	7/28,29-91	Roundtrip airfare, DC, Lasvegas - 2 days, food, lodging (self)	
Continenral Nat'l Assurance	4/6,7,8,91	Roundtrip airfare DC to New Orleans-3 days, food,lodging(self/wife)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: William L. Clay

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Trustee	W.E. B. Dubois Foundation
Trustee	Congressional Black Caucus Foundation
Trustee	Benedict College
Trustee	Tougaloo College

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
W. L. Clay	5-12-92

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 15 95 (13)

ROBERT (BOB) N. CLEMENT
(Full Name)

325 CANNON HOB
(Mailing Address)

(202) 225-4311
Telephone

WASHINGTON, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State TN District 5	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

DELIVERED

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	FAIRFAX COUNTY PUBLIC SCHOOLS	SPOUSE SALARY	$2,936

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
US TOBACCO	CELEBRITY CHARITY APPEARANCE	JAN 4, 1991	$ 1,000
AMERICAN NUCLEAR ENERGY COUNCIL	SPEAKING ENGAGEMENT	MAY 24, 1991	$ 1,000

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1 000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period Exclude Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year If so, provide details in Section IV on page A-3 For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left (This is optional) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		NOTE RECEIVABLE, GREG MORTON				X									X									X						
		DICKSON FINANCIAL CORP STOCK DICKSON, TN			X								X									X								
		COUNTY OF LINCOLN BONDS LINCOLN COUNTY, TN	X												X							X								X
		INDUSTRIAL DEVELOPMENT BOARD BOND, CITY OF FRANKLIN, TN	X												X								X							X
		25 ACRES FARM LAND WILSON COUNTY, TN					X													X										
		RENTED PERSONAL RESIDENCE 4420 EAST BROOKFIELD, NASHVILLE						X							X											X				

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual

ROBERT (BOB) N. CLEMENT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
~~RSC INV REAL ESTATE HOLDINGS~~ HWY 46, DICKSON, TN, 9% PARTNER~~SHIP INTEREST~~					X								X						X									
														X					X									
															X						X							
FORREST HILLS DEVELOPMENT, REAL ESTATE HELD FOR INV., HWY 70,				X									X						X									
DICKSON, TN, 6 2/3% PARTNERSHIP INTEREST														X					X									
																	BUSINESS INCOME		X*	X	**							
MAYBELLE G. CLEMENT INVEST-MENTS, DICKSON, TN, 1/9 PARTNER					X								X						X									
SHIP INTEREST														X					X									
															X					X									
																	BUSINESS INCOME		X									
CROSS PLAINS PARTNERSHIP, 6.7% INT, 11 ACRES, REAL				X														X										
ESTATE, CROSS PLAINS, TN																												

[redacted] (Form A) *NET **GROSS

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT (BOB) N. CLEMENT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
FRANKLIN NAT'L BANK STOCK FRANKLIN, TN				X																X										
CHARTER EQUITIES, P.O. BOX 831 MURFREESBORO, TN, REAL ESTATE			X										X							X*			X**							
~~SYNDICATION BUS, 1/3 PARTNER-~~ SHIP INTEREST																		BUSINESS ~~INCOME~~		X*			X**							
~~NORMANDY CHATEAU, RESIDENTIAL~~ RENTAL APTS, 1506 HIGHLAND DR, ~~KNOXVILLE, TN, 6.6% PARTNERSHIP~~ INTEREST					X								X							X*						X**				
RIDGEVIEW APTS, RESIDENTIAL RENTAL, ROUTE 2, JEFFERSON CITY, TN, 25% PARTNERSHIP INTEREST					X								X							X*			X**							
														X										X						
~~ROBINSON PROPERTY II, 23 ACRES~~ LOCATED ON PELLISSIPPI PKWY, ~~KNOXVILLE, TN, 7% PARTNERSHIP~~ INTEREST						X														X										

*NET

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROBERT (BOB) N. CLEMENT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	COMMERCIAL RENTAL BLDG., TRAN-SOUTH, 505 BROAD ST, ELIZABETH-TON, TN, 1/2 INTEREST				X														X											
	DICKSON COUNTY FARM, 69 ACRES DICKSON CO, TN					X													X											X
	FIRST AMERICAN SAVINGS ACCT NASHVILLE, TN			X										X						X										
	DOMINION BANK SAVINGS ACCT ALEXANDRIA, VA			X										X							X									
	TEACHERS INS & ANNUITY ASSN COLLEGE RETIREMENT FUND:																													
	REGULAR				X																									
	SUPPLEMENTAL				X																									
	STATE OF TN RETIREMENT				X																									

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

ROBERT (BOB) N. CLEMENT

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
IRA'S:																											
TN TEACHERS CREDIT UNION			X										X							X							
THIRD NATIONAL BANK****			X																	X							
J.C. BRADFORD & CO:BANK OF NASHVILLE STOCK			X															X									
MERRILL LYNCH:																											
NAT'L MEDICAL STOCK	X													X							X						X
MORGAN STANLEY			X										X						X								
CORRECTION CORP OF AMERICA STOCK	X																	X									X
DOLLAR GENERAL STORE			X								X								X								
ENGRAPH STOCK			X								X								X								
EATON VANCE PRIME TRUST			X								X								X								
M/LYNCH RETIREMENT RESERVE			X								X								X								
WILSON BANK & TRUST			X								X								X								

(Form A) ****FORMERLY PEOPLE'S BANK

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

ROBERT (BOB) N. CLEMENT

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	IRA'S: CONTINUED																												
	MERRILL LYNCH: CONTINUED																												
	HEALTH TRUST			X															X										X
	MERRILL LYNCH:																												
S	ENGRAPH			X								X								X									
S	M/LYNCH RETIREMENT RESERVE		X									X								X									
DC	PRUDENTIAL BACHE SECURITIES			X								X									X								

Reporting Individual's Name

ROBERT (BOB) N. CLEMENT

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000 over
	Example ABC Corporation Common Stock	X			10-12-90			X				
	COUNTY OF LINCOLN BONDS, LINCOLN CO, TN		X		12-19-91	X						
	INDUSTRIAL DEVELOPMENT BOND, CITY OF FRANKLIN, TN		X		06/91	X						
	NAT'L MEDICAL STOCK		X		12-18-91	X						
	CORRECTION CORP OF AMERICA STOCK		X		12-18-91	X						
	HEALTH TRUST	X			12-14-91	X						
	JOINT SHARE OF 230 ACRE FARM EXCHANGED FOR SALE FOR INTEREST IN 69 ACRES; JOINT TENANCY PARTITIONED			X	1/14/91			X				

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	CITY FED MORTGAGE CO, SPRINGFIELD, OHIO	MORTGAGE ON RENTAL RESIDENCE NASHVILLE, TN		X					
	FEDERAL LAND BANK, LOUISVILLE, KY	MORTGAGE ON 25 ACRE FARM WILSON CO, TN		X					

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
US TOBACCO	JAN 4-6 1991	2 NIGHTS LODGING, 3 DAYS MEALS FOR SELF AND SPOUSE AND ROUNDTRIP AIR FROM WASHINGTON DC TO BOCA RATON FLA FOR CHARITY EVENT	
OPPORTUNITIES, INC.	AUG 22-23 1991	1 NIGHT LODGING, 2 DAYS MEALS FOR SELF;ROUNDTRIP AIR FROM NASHVILLE TO TEXARKANA, ARKANSAS FOR SELF FOR CHARITY EVENT	
AMERICAN MEDICAL ASSOCIATION	JAN 31-FEB 3,'91	3 DAYS FOOD & LODGING AND ROUNDTRIP AIR FROM WASHINGTON DC TO MIAMI FOR SELF AND SPOUSE FOR SPEAKING EVENT	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ROBERT (BOB) N. CLEMENT

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
PARTNER	ROBINSON PROPERTY II LTD
PARTNER	CHARTER EQUITIES
PARTNER	NORMANDY CHATEAU (CONTINUED ON ATTACHED PAGE)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
R. Clement	MAY 15, 1992

PART VIII - POSITIONS (CONTINUED)

PARTNER	RIDGEVIEW APARTMENTS
PARTNER	RSC INVESTMENTS
PARTNER	FORREST HILLS DEVELOPMENT
PARTNER	MAYBELLE G. CLEMENT INVESTMENTS
PARTNER	CROSS PLAINS PARTNERSHIP
BOARD MEMBER	BOARD OF TRUST, CUMBERLAND UNIVERSITY

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 15 AM : 16

(12)

WILLIAM FLOYD CLINGER, JR.
(Full Name)

Room 2160 Rayburn HOB — 202/225-5121
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Pennsylvania District 23rd	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	ESTATE OF WILLIAM F. CLINGER, SR. (NOT SUBJECT TO OUTSIDE EARNINGS LIMITATIONS)	EXECUTOR'S FEE	$68,633.00

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

638

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
ASSOCIATED EQUIPMENT DEALERS, WASHINGTON, D.C.	Speech	October 4, 1991	$1,000.00

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Type of Income (X)							Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
S	ALLIANCE FUND						X						X										X						
	AMERICAN ELECTRIC POWER					X							X								X								
S	AMERICAN TELEPHONE & TELEGRAPH						X						X										X						
	AMERICAN TELEPHONE & TELEGRAPH					X							X								X								
S	AMERITECH					X							X									X							
S	BELL ATLANTIC					X							X										X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM FLOYD CLINGER, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S	BELL SOUTH			X								X									X							
	BELL SOUTH			X								X								X								
	BLAIR CORPORATION							X				X											X					
S	BLAIR CORPORATION							X				X												X				
S	BORDEN, INC.			X								X										X						
S	BRISTOL-MYERS SQUIBB					X						X											X					
	CBS, INC.			X								X								X								X
	CHASE MANHATTAN CORP.			X								X								X								
	CHRYSLER CORP.			X								X								X								
	CITICORP			X								X								X								
	CMA TAX EXEMPT FUND						X					X											X					
S	CMA TAX EXEMPT FUND				X							X									X							
S	EASTMAN KODAK CO.				X							X									X							
	EASTMAN KODAK CO.			X								X									X							
	EATON CORP.			X								X									X							

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	EXXON CORP.					X						X												X					
	FISHER COMPANIES, INC.						X					X												X					
S	GENERAL ELECTRIC CO.						X					X												X					
	GENERAL ELECTRIC CO.				X							X										X							
S	GENERAL MOTORS CORP.			X								X										X							
	GENERAL MOTORS CORP.			X								X									X								
	GULF RESOURCES & CHEMICAL CORP.		X															NO INCOME	X										
	HALLIBURTON COMPANY			X								X									X								
	IBM CORP.			X								X									X								
S	IBM CORP.						X					X												X					
	INTEGRA FINANCIAL CORP.			X								X									X								
S	JC PENNEY CO.				X							X												X					
S	JOHNSON & JOHNSON					X						X												X					
	MANUFACTURERS NATIONAL CORP.			X								X									X								
S	MAY DEPARTMENT STORES					X						X												X					

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM FLOYD CLINGER, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S	MERRILL LYNCH		X									X								X										
	MERRILL LYNCH		X									X									X									
	MINNESOTA, MINING & MANUFACTURING			X								X									X									
S	MINNESOTA, MINING & MANUFACTURING					X						X											X							
S	NYNEX			X								X									X									
S	PACIFIC TELESIS			X								X									X									
	PACIFIC TELESIS			X								X								X										
	PENNSYLVANIA POWER & LIGHT			X								X								X										
S	PEPSICO, INC.			X								X											X							
S	PETROLEUM & RESOURCES CORP.			X								X									X									
	PFIZER, INC.				X							X									X									
S	PHILADELPHIA ELECTRIC CO.			X								X											X							
	PNC FINANCIAL CORP.			X								X									X									
S	POLAROID CORP.			X								X									X									
S	QUAKER STATE OIL				X							X											X							

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM FLOYD CLINGER, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	SCOTT PAPER CO.			X								X								X									
	SEARS, ROEBUCK & CO.			X								X									X								
S	SKYLINE CORP.			X								X									X								
	SOUTHERN COMPANY			X								X								X									
S	SOUTHWESTERN BELL CORP.			X								X										X							
S	US WEST			X								X									X								
	WARNER LAMBERT CO.				X							X									X								
	WELKOM GOLD HOLDINGS LTD.			X								X								X									
S	WESTINGHOUSE ELECTRIC CORP.			X								X											X						
	WEYERHAEUSER CO.				X							X									X								
S	XEROX CORP.			X								X									X								
	LA CENTRAL NET PROFITS UNITS			X														ROYALTY				X							
	KANSAS CITY SINGLE FAMILY MORTGAGE REVENUE BOND			X								X									X								
	WESTMORELAND COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY BOND			X								X									X								
	LELLA MAY H. CLINGER TRUST B (TRUST ASSETS UNKNOWN-SEE PART X)																	INCOME DISTRIBUTION						X					

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM FLOYD CLINGER, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	WILLIAM FLOYD CLINGER TRUST B (TRUST ASSETS UNKNOWN-SEE PART X)																INCOME DISTRIBUTION						X				

[redacted] (Form A)

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	CBS, INC. COMMON STOCK (Sold one half of shares)		X		2-4-91	X						

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
THE TRANSPORTATION GROUP		Apr. 25-29 1991	Roundtrip Air Travel from Wash., D.C. to Phoenix, Arizona for speeches, 4 days food & lodging, self and spouse. (Extra day at own expense.)	
ASSOCIATED EQUIPMENT DEALERS		Oct. 3-4 1991	Roundtrip Air Travel from Wash., D.C. to Harrisburg, PA. for speech, 2 days food & lodging, self only.	
RIPON EDUCATION FUND, INC.		Nov. 30 - Dec. 16, 1991	Roundtrip Air Travel from Wash., D.C. to Rome, Italy, for speeches, seminars and moderator of panels, 6 days food & lodging, self and spouse. (Extra days at own expense.)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
WILLIAM FLOYD CLINGER, JR.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
CHAIRMAN, BOARD OF DIRECTORS	RIPON EDUCATION FUND, INC.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] N.A. [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [X] No [ ] N.A. [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William F. Clinger	May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 1 14 11 3 35

(11)

HAND DELIVERED

MC (Office Use Only)

John Howard Coble
(Full Name)

5741-L Bramblegate Road
(Mailing Address)

Telephone

Greensboro, North Carolina 27409 (919) 852-4956

Filer Status	[X] Member of the U S House of Representatives	State NorthCarolina District 06	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

John Howard Coble

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Davidson Electric Membership Corp., Lexington, NC	Speech	April 3, 1991	$200
U.S. Tobacco Corporation, Greenwich, Connecticut	Speech	May 4, 1991	$2,000
Amusement & Music Operators Assoc., Chicago, Illinois	Appearance at DC reception/tournament	May 21, 1991	$400
National Grocers Association, Washington, DC	Appearance at DC reception	June 25, 1991	order of groceries

Reporting Individual's Name

John Howard Coble

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
S	Examples: ABC Corporation Stock			X								X								X									X
	George Wash Credit Union Accounts				X									X								X							
	182 Main Street, Dover, Delaware					X							X								X								
	Adia Services Common Stock			X								X							X										
	Food Lion Common Stock				X							X							X										X
	Forum Group Common Stock		X									X							X										X
	Wal Mart Common Stock			X								X							X										X
	Ryan's Steak House Common Stock			X								X							X										
	R.J. Reynolds Common Stock			X								X							X										X

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John Howard Coble

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT*	INTEREST*	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Immunex Corporation Common Stock				X								X							X									X
Toys R Us Common Stock				X								X							X									X
1840 Villa Drive, Greensboro, NC					X								X									X						
1 acre + dwelling, Blowing Rock, NC						X																						
78 acre farm, Henry County, VA, (½ int)						X																						
U Filler Up, Inc. Stock Certificate				X								X							X									
Southeastern S&L Stock Certificate			X									X							X									
U.S. House Sgt. at Arms Checking Acct.					X																							X
First Union National Bank Checking Acct						X								X						X								
State Employees Credit Union Savings A.					X									X						X								
1st Home Federal S&L Savings Acct.				X										X						X								
1st Home Federal S&L Checking Acct.				X										X						X								
Gate City S&L Savings Account						X								X								X						
BB&T Savings Account					X									X						X								X
Merrill Lynch Cash Management Acct.						X								X				X										

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John Howard Coble

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Merrill Lynch Individual Retirement A.			X										X							X								X
	(this IRA contains Food Lion stock																												
	with a value of B; Ryan's Steak House																												
	stock with a value of B; R.J. Reynolds																												
	stock with a value of B; plus cash																												
	with a value of B)																												
	Jefferson-Pilot Life Insurance Annuity			X								X									X								
	SMA Life Insurance Annuity			X								X								X									X

[redacted] (Form A)

Reporting Individual's Name
John Howard Coble

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Farum Group Common Stock		X		6-13-91	X						
	Wal Mart Common Stock		X		6-13-91	X						
	R.J. Reynolds Common Stock (purchased for IRA)	X			6-13-91	X						
	R.J. Reynolds Common Stock	X			6-14-91	X						
	Food Lion Common Stock		X		6-14-91	X						
	BB&T Savings Bank (opened account)			X	10-7-91		X					
	U.S. House Sgt. at Arms Checking Account (closed account)			X	12-91		X					
	Immunex Corporation Common Stock	X			11-25-91	X						
	Toys R Us Common Stock	X			11-25-91	x						
	SMA Life Insurance Annuity	X			12-24-91	X						

Reporting Individual's Name
John Howard Coble

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	First American Mortgage Corporation	Mortgage on 1840 Villa Drive, Greensboro, North Carolina		X					

Reporting Individual's Name

John Edward Porter

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Mr. Dempsey Essick, Lexington, NC	Painting entitled "Spring Thaw"; hangs in Greensboro office	$140

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Charity Tennis Tourn.		Mar 1-3,91	Return bus fare from White Sulphur Springs, WV to Washington, plus 3 days food and lodging; from DC to WV at own expense	
Congressional Institute, Inc.		Mar 15-16	Return train fare from Princeton, NJ to Washington, plus 2 days food and lodging; from DC to NJ at own expense	
Flue-Cured Tobacco Stabilization Co		Mar 17-18	Roundtrip air fare from Washington, DC, to Myrtle Beach, SC, plus 2 days food and lodging	
U.S. Tobacco Corporation		May 3-5	Roundtrip air fare from Washington, DC to Palm Beach, Fla. plus 3 days food and lodging	
N.C. Bar Association		June 20-22	2 days food and lodging; travel from Washington, D.C. to Asheville, NC at own expense	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: John Howard Coble

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Greensboro Travel	Aug 5-14	Roundtrip air fare from Greensboro, NC, to Miami, Florida; won free ticket from local travel agency by attending open house and participating in a random drawing which was open to all who attended open house	X
National Agricultural Chemicals Ass.	Sept.27-29	Roundtrip air fare from Washington, DC to White Sulphur Springs, WV, plus 3 days food and lodging	
N.C. Association of Broadcasters	Oct. 21-22	Roundtrip air fare from Washington, DC to Greensboro, NC; car fare from GSO to Pinehurst, NC, to GSO, plus food; no lodging	

PART VIII---POSITIONS (continued)

Member	Congressional Advisory Board of Congressional Youth Leadership Washington, D.C.
Member	National Advisory Board of the Jefferson Educational Foundation Washington, D.C.

Reporting Individual's Name
John Howard Coble

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Member	Board of Associates of Greensboro College, Greensboro, North Carolina
Member	National Commission on the Future of High Point College, High Point, North Carolina
Member	Board of Visitors of Guilford College, Greensboro, North Carolina

(continued on additional sheet)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [ ] NA [X]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S.C app 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S.C. app 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
J Howard Coble	May 14, 1992

HOWARD COBLE
SIXTH DISTRICT
NORTH CAROLINA

430 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3306
202-225-3065

COMMITTEES:
JUDICIARY
MERCHANT MARINE AND FISHERIES
SELECT COMMITTEE ON
NARCOTICS ABUSE AND CONTROL

INSIDE MAIL

DISTRICT OFFICES

P.O. BOX 299
324 WEST MARKET STREET
GREENSBORO, NC 27402-0299
(919) 333-5005

510 KENDALL BOULEVARD
HIGH POINT, NC 27262-4742
(919) 886-5106

P.O. BOX 814
124 WEST ELM STREET
GRAHAM, NC 27253-0814
(919) 229-0159

P.O. BOX 1813
115A WEST 1ST 2ND STREET
LEXINGTON, NC 27293-1813
(704) 246-8230

Congress of the United States
House of Representatives
Washington, DC 20515-3306

May 27, 1992

(1)

√
MC

The Honorable Donnald Anderson
c/o Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515-6612

Dear Donn:

This is to amend Parts II and III and IV of my 1991 financial disclosure statement.

Under Parts II and III: Block A, please add Bank of North Carolina Common Stock; Block B, please list the Value of this stock in the Category B (between $1,001 and $15,000); Block C should show that this is Dividend Income for Type of Income with a Value of None; Block D should show that a Transaction did occur in 1991.

Under Part IV: The form should show that Bank of North Carolina Common Stock was purchased on December 2, 1991, with a Value of B (between $1,001 and $15,000).

Thank you for adding this amendment to my 1991 financial disclosure statement. If you have any questions, please feel free to contact my administrative assistant Ed McDonald or me at x5-3065.

Sincerely,

Howard

HOWARD COBLE
Member of Congress

HC:emc

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

92 13 3 41

HAND DELIVERED

E. Thomas Coleman
(Full Name)

2468 RHOB
(Mailing Address)

202-225-7041
Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State ____ District ____	[ ] Officer or Employee	Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date: ____

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
E. Thomas Coleman

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Nat'l Council of Farmer Cooperatives, WASH DC	Speech	June 4, 1991	$1000
	Philip Morris Co.	Speech	July 24, 1991	$2000

Reporting Individual's Name
E. Thomas Coleman

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	162 Main Street, Dover, Delaware					X							X									X							
Jt.	Household Bank			X										X						X									
Jt.	Calvert Tax Free Money Mkt. Fund					X								X										X					
	Wright Patman Cong'l Fed Credit Union Retirement Account				X									X															
	Vanguard Group GNMA Mutual Fund - Retirement Acc't			X										X															

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT ½ Interest in 5 Acres																										
Siskiyou Co. California				X										X								X				X
Sold 5/15/91																										
Producing capital gain			X											X							X					
AND Note from Buyer			X										X	X					X							

Reporting Individual's Name
E. Thomas Coleman

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
Jt.	Sold ½ interest in 5 Acres, Siskiyou Co. CA.		X		5/15/91		X					

Reporting Individual's Name
E. Thomas Coleman

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
E. Thomas Coleman

PART VI – TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
YALE UNIV.	Nov 7-9, 1991	Roundtrip train from Wash. D.C to New Haven, Conn.	
		2 Days Food + Lodging.	
YALE UNIV.	April 25-27	Roundtrip train from Wash. D.C. to New Haven,	
	1991	Conn. 2 Days food + Lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
E. Thomas Coleman

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Prelli Cable Corp.	3/29-4/1 1991	Car travel from Wash. D.C to Indianapolis, 4 days food + Lodging for Self + Spouse. Continuing travel NOT at their Expense	
Atlantic-Bruke Foundation	6/20-22 1991	Roundtrip Air travel from Wash. D.C. to Portland, Me. 3 days food + Lodging for Self + Spouse	
Nat'l Grain + Feed Assoc.	12/9-10 1991	1 Way Car Rental from Kansas City to St Louis AND 1 Way Air Fare, St. Louis to WASH. D.C. 1 Day food	

Reporting Individual's Name
E. Thomas Coleman

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Comittee on the Graduate School	YALE UNIV.
Member, Board of Trustees,	HARRY S TRUMAN Scholarship FOUNDATION

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
E. Thom Coleman	5/11/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] 15 [illegible] 12 33

HAND DELIVERED

(Office Use Only)

Ronald D. Coleman
(Full Name)

440 Cannon House Office Building, Washington, DC 20515
(Mailing Address) Telephone

Filer Status	[xx] Member of the U.S. House of Representatives	State Texas District: 16	[ ] Officer or Employee	Employing Office
Report Type	[xx] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	salary	
	U.S. House of Representatives	spousal salary	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Ronald D. Coleman

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name

Ronald D. Coleman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware					X							X									X							
	Prudential Insurance		X											X						X									
	Congressional Credit Union		X											X						X									
	Congressional Credit Union		X											X						X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Ronald D. Coleman

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

Reporting Individual's Name: Ronald D. Coleman

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Ronald D. Coleman

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	MBank El Paso	Personal Loan		X					
	Congressional Credit Union	Personal Loan	X						
	Charles Crowder	Loan to RDC Blind Trust			X				
	Deborah Kastrin	Loan to RDC Blind Trust			X				

Reporting Individual's Name

Ronald D. Coleman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XX]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Border Trade Alliance		2/24-2/26/91	Roundtrip airfare DC to Mexico City, 3 days	
			Food and lodging - Keynote speaker and participant at	
			Trade Conference	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Ronald D. Coleman

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
Ronald D. Coleman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [XX]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ronald Coleman	5/15/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

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(12)

HAND DELIVERED

MC

(Office Use Only)

Barbara-Rose Collins
(Full Name)

1541 Longworth HOB, Washington, D.C. 20515 (202) 225-2261
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Michigan District: 13th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
N/A			

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Barbara-Rose Collins

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NPCBW, Philadelphia, PA	Speech	May 5, 1991	$1500

Reporting Individual's Name
Barbara-Rose Collins

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
	2256 Leland, Detroit, MI					x															X									

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Barbara-Rose Collins

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	First of Michigan Acct.			X								X								X								X
	DMCU			X								X								X								
	DTCU		X									X								X								
	Hartford Life Deferred			X										X														X
	1st Financial CU			X								X								X								
	Comerica			X										X				X										
	2256 Leland				X								X					X										
	Wright Patman Federal Credit Un.				X							X		X						X								
	Congressional Federal Credit Un.																											

Reporting Individual's Name
Barbara-Rose Collins

PART IV—TRANSACTIONS

Report any purchases, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Westinghouse Electric	x			12-5-91	x						
	Puget Sound Power & Light	x			9-3-91	x						

Reporting Individual's Name
Barbara-Rose Collins

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

Sch. D	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	N/A								

Reporting Individual's Name: Barbara-Rose Collins

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
N/A		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	GIft (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
AFSCME-Coalition of Black Trade	May 24, 1991	Speaking Engagement Round Trip Ticket, lodging, meals -Chicago, IL	$745
Assoc. of American Railroads	Feb. 9-11, 1991	Round Trip Ticket, lodging, meals -Palm Springs	$1250
GABEO	Mar.14-16, 1991	- Round Trip Ticket, lodging, meals-Atlanta, GA	$550

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Barbara-Rose Collins

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
N/A			

Reporting Individual's Name
Barbara-Rose Collins

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)

GPO: 1991 99-897 (#4)

Reporting Individual's Name
Barbara-Rose Collins

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSION: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Position	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; compensation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 18.) Yes [ ] No [X] NA [ ]

EXEMPTION VERIFICATION—Have you verified any exemption filed by a spouse or dependent child because they meet the thresholds for exemption? (See instructions page 6.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Barbara-Rose Collins

DATE (Month, Day, Year):

Philadelphia Congress of the
National Political Congress of Black Women
1020 E. Upsal Street • Philadelphia, Pennsylvania 19150 • (215) 424-6937

rtional Congress
fficers
n. Shirley Chisholm
Chair
n. C. DeLores Tucker
First Vice-Chair
ria B. A. Toote, Esq.
Second Vice-Chair
ore Bethel
Fourth Vice-Chair
ladelphia Congress
ard of Directors
ficers
h C. Weldon
Chair
ya Nyshuma
First Vice-Chair
ces M. Haleston
Second Vice-Chair
a Bradley
Fourth Vice-Chair
Bronson
Corresponding Secretary
nie McPherson
Recording Secretary
ielle Stevens
Treasurer
a McCleary
Financial Secretary
d Members
Collins
ine Cox
a Graves
dred Johnson
a White
a White
n Carter
ine Dunn
Felton-Chee
Guna-Harden
Hardy
y Johnson-Thornton
P. W. Mitchell
n Partridge, M.D.
ed Stewart
Wells
Catherine Godbolte
Sarah Potter-Smith
E. Louise Sanders
Repsie Warren
Augusta Clark
Shirley Dennis
Ruth Harper
Roxanne Jones
Marion Tasco
presentative
nka Dent
sel
e Thomas, Esq.
Davis, Esq.

May 16, 1991

EastSide Emergency Center
14320 Kercheval Street
Detroit, MI 48215

Dear EastSide Center Representatives:

The Philadelphia Congress of The National Political Congress of Black Women hosted its 6th Annual Black Splendor Weekend, May 4-5th, 1991. Our keynote speaker was the Honorable Barbara Rose Collins. In lieu of a speakers fee, she has asked that our organization donate the enclosed check in the amount of $1,500.00 to your organization.

The National Political Congress of Black Women is a non-partisan, non-profit organization, founded in 1984 and launched Black women on a major political initiative to empower themselves. The Philadelphia Congress is six years old, and our membership is representative of the Black women in the Delaware Valley. In Philadelphia the PPCBW has made significant headway in educating women about the political process, how it effects all phases of our livelihood, the importance of having political and economic power and using that power effectively.

On behalf of the Philadelphia Congress we do hope that these monies will be of some help to the EastSide Center and your constituents.

Sincerely,

Onah Weldon

Onah Weldon, Chair
Philadelphia Political Congres of
Black Women

cc: Representative Barbara Rose Collins

PHILADELPHIA CONGRESS OF NATIONAL
POLITICAL CONGRESS OF BLACK WOMEN
2445 W. HAROLD STREET
PHILADELPHIA, PA 19132

EXPLANATION	AMOUNT
3/14/91 Fundraiser	1500.00

3-50/319
BRANCH 25

697

PAY AMOUNT OF Fifteen hundred and 00/100 DOLLARS

CHECK AMOUNT $ 1500.00

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
3/14/91	Outside Neighbors Emergency Center	In Honor Lou Collins	697

Charlotte D. Stevens
Josh Clarke

Fidelity Bank

⑈000697⑈ ⑆031000503⑆ 598 419 0⑈

692

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 1 Y 22 AM 9 49

Barbara-Rose Collins
(Full Name)

1541 Longworth HOB, Washington, D.C. 20515 (202) 225-2261
(Mailing Address) Telephone

HAND DELIVERED
MC
11
(Office Use Only)

Filer Status	[x] Member of the U.S. House of Representatives	State: Michigan District: 13th	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[x] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [x]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Barbara-Rose Collins

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
NPCBW, Philadelphia, PA	Speech	May 5, 1991	$1500

Reporting Individual's Name: Barbara-Rose Collins

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			162 Main Street, Dover, Delaware					X							X									X								
	2256 Leland, Detroit, MI						X								X								X									
	Westinghouse Electric					X								X								X										
	Puget Sound Power & Light					X								X									X									
	MCI Communications Corporation					X								X									X									
	Marriott Corporation				X									X								X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Barbara-Rose Collins

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	I DIVIDENDS	II RENT	III INTEREST	IV CAPITAL GAINS	V EXCEPTED TRUST	VI QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
	First of Michigan			X								X								X								X
	DMCU			X								X								X								
	DTCU		X									X								X								
	Hartford Life Deferred			X										X														X
	1st Financial CU			X								X								X								
	Comerica			X										X							X							
	2256 Leland			X									X						X									
	Wright Patman Federal Credit Union Congressional Federal Credit Union			X								X								X								
	John Hancock Financial Services			X								X								X								

[redacted] (Form A)

Reporting Individual's Name

Barbara-Rose Collins

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Westinghouse Electric	x			12-5-91	x						
	Puget Sound Power & Light	x			9-3-91	x						

Reporting Individual's Name
Barbara-Rose Collins

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Barbara-Rose Collins

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Assoc. of American Railroads		feb.9-11,	1991 - Round Trip Ticket, lodging, meals- Palm Springs, CA	
GABEO		mar.14-16,	1991- Round Trip Ticket, lodging, meals- Atlanta, GA	
AFSCME- Coalition of Black Trade		may 24, 1991	Speaking Engagement Round Trip Ticket, lodging, meals- Chicago, IL	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Barbara-Rose Collins

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
N/A			

Reporting Individual's Name
Barbara-Rose Collins

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Barbara Rose Collins	5-21-92

Philadelphia Congress of the
National Political Congress of Black Women
1020 E. Upsal Street • Philadelphia, Pennsylvania 19150 • (215) 424-6937

Shirley Chisholm
C. DeLores Tucker
B. A. Toote, Esq.
Bullf
Vice-Chair
C. Weldon
Bradley
Vice-Chair
Thornton
Corresponding Secretary
McPherson
Recording Secretary
McCleary
Secretary
Members
Graves
Johnson
White
Carter
Dunn
Hayden
Johnson-Thornton
W. Mitchell
Partridge, M.D.
Stewart
Katherine Codbolts
Sarah Potter-Smith
Louise Sanders
Warren
Augusta Clark
Shirley Dennis
Harper
Rosanne Jones
Marion Tasco
Thomas, Esq.
Davis, Esq.

May 16, 1991

EastSide Emergency Center
14320 Kercheval Street
Detroit, MI 48215

Dear EastSide Center Representatives:

The Philadelphia Congress of The National Political Congress of Black Women hosted its 6th Annual Black Splendor Weekend, May 4-5th, 1991. Our keynote speaker was the Honorable Barbara Rose Collins. In lieu of a speakers fee, she has asked that our organization donate the enclosed check in the amount of $1,500.00 to your organization.

The National Political Congress of Black Women is a non-partisan, non-profit organization, founded in 1984 and launched Black women on a major political initiative to empower themselves. The Philadelphia Congress is six years old, and our membership is representative of the Black women in the Delaware Valley. In Philadelphia the PPCBW has made significant headway in educating women about the political process, how it effects all phases of our livelihood, the importance of having political and economic power and using that power effectively.

On behalf of the Philadelphia Congress we do hope that these monies will be of some help to the EastSide Center and your constituents.

Sincerely,

Onah Weldon

Onah Weldon, Chair
Philadelphia Political Congres of
Black Women

cc: Representative Barbara Rose Collins

PHILADELPHIA CONGRESS OF NATIONAL
POLITICAL CONGRESS OF BLACK WOMEN
2445 W. HAROLD STREET
PHILADELPHIA, PA 19132

EXPLANATION	AMOUNT
8/19/91 Fundraiser	150.00

3-60/310
BRANCH 25

697

PAY AMOUNT OF Fifteen hundred and no/100 DOLLARS

CHECK AMOUNT $ 1500.00

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
8/19/91	Outside Neighborhood Emergency Center	Re: Broken Love Letters	697

Gwendolyn D. Stevens
Josh Clark

Fidelity Bank

⑈000697⑈ ⑆031000503⑆ 598 419 0⑈

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
MAY 19 PM 2 21

(9)

CARDISS R. COLLINS
(Full Name)

2264 Rayburn Office Building
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	[x] Member of the U.S. House of Representatives — State: Illinois, District: Seventh	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

MAY 18 1992
mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
CARDISS R. COLLINS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
FUTURES INDUSTRY ASSOCIATION	Speech	Mar. 16, 1991	1,000
NATIONAL CABLE TV ASSOCIATION	Speech	Mar. 24, 1991	1,500
HARTFORD INSURANCE GROUP	Speech	Apr. 18, 1991	500
THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY	Speech	May 13, 1991	1,000
AMERICAN INTERNATIONAL GROUP, INC.	Speech	June 14, 1991	2,000
INSURANCE INDUSTRY EXECUTIVES	Speech	July 9, 1991	500

Reporting Individual's Name
CARDISS R. COLLINS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X								X								X
			George Wash. Credit Union Accounts				X									X									X					
			182 Main Street, Dover, Delaware					X						X									X							
	Congressional Credit Union, Washington, D.C. - personal account					X										x									x					
	Merchandise National Bank, Chicago, IL Savings Account			x												x				x										Account closed in 1990
	Riggs National Bank, Washington, DC Savings Account			x												x				x										Account closed in 1990
	First National Bank of Chicago Accounts, Chicago, IL						x									x									x					
	First Prairie Tax Exempt Money Market Account, Chicago, IL					x										x										x				
	Pueblo County, Colorado Bond							x								x									x					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CARDISS R. COLLINS

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Assets										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Minneapolis, MN., Bond					X								X									X						
	Westmoreland Cmty., PA Bond					X								X									X						
	Occidental Petroleum Corp. Cap. Stock			X								X									X								
	FPL Group Inc. Common Stock			X								X									X								
	Public Service Co. of Colorado Common Stock	X										X			X					X X									X
	Commerce Clearing House Class A Common Stock	X										X			X					X			X						X
	Commerce Clearing House Class B Common Stock	X										X			X					X		X							X
	McDonald's Corp. Common Stock	X										X			X				X				X						X
	May Dept. Stores Common Stock			X								X									X								
	Emerson Electric Co. Common Stock			X								X									X								
	Cooper Ind. Common Stock	X										X			X					X			X						X
	Federal Express Corp. Common Stock	X										X			X				X				X						X
	Security Pacific Corp. Common Stock			X								X									X								

(Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

CARDISS R. COLLINS

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
	Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)										
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Transaction (X)
S. DC. JT																												
St. Paul Co. Common stock			x								x									x								
Aerovox Co. Common Stock	X										x			x					x x									sold for $28
ESCO Electronics Co. Common Stock	X										x			x					x x									sold for $74
Venture Stores Common Stock	X										x			x					x x									sold for $310
Dallas, Texas Bonds					x								x									x						
GTE Corp. Common Stock			x								x									x								x
Long Island Lighting Co. Common Stock			x								x									x								x
Clorox Co. Common Stock			x								x									x								x
Storefront type building (1 story) - 3851 W. Roosevelt Road, Chicago, IL				x								x						x										
Merrill Lynch Money Market			x								x									x								
Barnett Bank, Boca Ratom, FL				x									x					x										

Reporting Individual's Name

CARDISS R. COLLINS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	GTE Corporation Common Stock	X			08-06-91	X						
	Long Island Lighting Co. Common Stock	X			02-08-91	X						
	Clorox Co. Common Stock	X			08-06-91	X						
	McDonald's Corp. Common Stock		X		02-01-91	X						
	Public Service Co. of Colorado Common Stock		X		02-01-91	X						
	Commerce Clearing House Class A Common Stock		X		07-30-91	X						
	Cooper Industries Inc. Common Stock		X		07-30-91	X						
	Federal Express Corporation Common Stock		X		07-30-91	X						
		X			04-26-91	LESS THAN $1,000						
	Commerce Clearing House Class B Common Stock		X		07-30-91	X						

Reporting Individual's Name

CARDISS R. COLLINS

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [ ]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Financial Disclosure A-4

Reporting Individual's Name
CARDISS R. COLLINS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical Association (Speech)	Jan 31 - Feb. 3, 1991	Roundtrip air fare from Washington, DC to Key Biscayne, FL, 3 days lodging	
Futures Industry Association (Speech)	March 14-17, 1991	Roundtrip air fare from Washington, DC to Boca Ratom, FL, 3 days lodging	
National Cable TV Associatiom (Speech)	March 22-25, 1991	Roundtrip air fare from Washimgton, DC to New Orleans, LA, 3 days lodging	
American International Group, Inc. (Speech)	Jun.14, 1991	Roundtrip air fare from Washington, DC to Chicago, IL	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: CARDISS R. COLLINS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Cardiss Collins	May 15, 1992

712

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

92 MAY 15 PM 1:50

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Antonio J. Colorado
(Full Name)

1411 36 Street N.W.
(Mailing Address)

202/225-2615
Telephone

Washington DC 20007

Filer Status	☑ Member of the U.S. House of Representatives	State Puerto Rico District:	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Department of State	salary	65,499
	Professional Services	spouse	15,000
	Gonzalez, Benazar	spouse	65,000

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Antonio J Colorado

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
		N A		

Reporting Individual's Name
Antonio J. Colorado

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	Palmas del mar P.R.							X					X											X					
JT	50 % interest on farm-Cidra PR					X													X										X
JT	25% interest on farm Trujillo Alto				X														X										
JT	3 lots - Florida U.S				X														X										

For additional assets and unearned income, use next page

Reporting Individual's Name: Antonio J. Colorado

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	50% interest on farm		X					X				

Reporting Individual's Name: Antonio J. Colorado

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Federal Savings PR	Personal loan		X					
	Banco Comercial PR	Personal loan		X					
	Banco Popular PR	Credit cards		X					
	Citibank N.A PR	Credit cards	X						
	First Federal Savings PR.	mortgage on Palmas				X			

Reporting Individual's Name: Antonio J. Colorado

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	Not Applicable	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
			Not Applicable	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Antonio J. Colorado

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	I was not a member of Congress last year and as such I
	believe this question is not applicable. As of December 31, 1991,
	as Secretary of State I belonged to innumerous boards and
	committees. If necessary, I will submit list upon request.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 6 AM 11 25 (9)

HAND DELIVERED

LARRY ED COMBEST
(Full Name)

1527 LONGWORTH
(Mailing Address)

202-225-4005
Telephone

WASHINGTON, D.C.

Filer Status	[X] Member of the U.S. House of Representatives	State TEXAS District 19	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	RITTS, BRICKFIELD, KAUFMAN	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

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Reporting Individual's Name
LARRY COMBEST

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
N. A.			

Reporting Individual's Name
LARRY COMBEST

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	SOVRAN BANK - C.D - SAVINGS						X							X										X					
	WRIGHT PATMAN CREDIT UNION			X										X								X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: LARRY COMBEST

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

[redacted] (Form A)

722

Reporting Individual's Name
LARRY COMBEST

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
LARRY COMBEST

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	LUBBOCK NATIONAL BANK	NOTE ON BUSINESS I OWNED PRIOR TO CONGRESS		X					

Financial Disclosure A-4

Reporting Individual's Name: LARRY COMBEST

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
KEMPER OPEN - P.G.A.	WATERFORD CRYSTAL, SHIRT, SWEATER -	195
MAZDA OPEN - LPGA.	SHIRT, GOLF BALLS, GOLF ACCESSORIES	100

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
LARRY COMBEST

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
LARRY COMBEST

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Larry Combest	MAY 6, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 12 PM 2 24 (9)

Gary A. Condit
(Full Name)

920 13th Street
(Mailing Address)

209-527-1914
Telephone

Modesto, CA 95354

Filer Status	X Member of the U.S. House of Representatives	State: Calif. District: 15th	Officer or Employee	Employing Office:
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Gary A. Condit

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name
Gary A. Condit

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE [X]

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X										X								X
			George Wash. Credit Union Accounts				X								X										X						
			182 Main Street, Dover, Delaware					X						X										X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Gary A. Condit

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

[redacted] (Form A)

Reporting Individual's Name
Gary A. Condit

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Gary A. Condit

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Gary A. Condit

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Gary A. Condit

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
Gary A. Condit

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member, Board of Directors	Berry, Inc., 7508 E. 11th Street, Tulsa Oklahoma
	(Spouse, Carolyn, sits on Board - no compensation)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
G. Condit	5/13/92

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 13 AM 11 00

(7)

Honorable John Conyers, Jr.
(Full Name)

2426 Rayburn Building
(Mailing Address)

202-225-5126
Telephone

Washington, D. C. 20515

HAND DELIVERED

Filer Status	[XX] Member of the U.S House of Representatives	State ~~Detroit~~ District 1st	[ ] Officer or Employee	Employing Office	
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Detroit Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Honorable John Conyers, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X										X					
			182 Main Street, Dover, Delaware					X						X										X						
	Congressional Federal Credit Union				X										X						X									
	First Independent Bank				X										X						X									
	Home Federal Savings Bank				X										X						X									
	Michigan National Bank				X										X						X									
	Congressional Credit Union (IRA)					X													N/A											

For additional assets and unearned income, use next page

Reporting Individual's Name
Honorable John Conyers, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [XXXX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Honorable John Convers, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	American Security Bank	Personal Loan		X					

Reporting Individual's Name: Honorable John Conyers, Jr.

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XXXX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Michigan Federation of Teachers	5/4/91 5/4/91	Speech: Roundtrip Air Travel, Detroit - Traverse City	
National Assoc Minority Businesses	5/31/91 6/02/91	Speech: Roundtrip Air Travel, Washington - St. Thomas, V.I. ~~2 Days Food & Lodging.~~	
National Medical Association	7/26/92 ~~7/27/92~~	Speech: Roundtrip Air travel, Washington - Indianapolis. ~~1 Day Food & Lodging.~~	
Health Care For all	10/25/92 ~~10/25/92~~	Speech: Roundtrip Air Travel, Detroit - Boston.	
Columbia Institute	12/02/92 ~~12/03/92~~	Speech: Roundtrip Air Travel, Detroit-St. Cloud, Minn; Moorhead Minn. ~~1 Day Food & Lodging.~~	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Honorable John Conyes, Jr.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Tribune Central City Productions	12/13/92 12/14/92	Rosa Parks Award Presentation. Roundtrip Air Travel. Detroit-Los Angeles. One Day Food & Lodging	

Reporting Individual's Name: Honorable John Conyers, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE XXXX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXXX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John Conyers, Jr.	12 May 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employee

HAND DELIVERED

19

MC (Office Use Only)

(Full Name)	James Hayes Shofner Cooper
(Mailing Address)	125 Cannon House Office Building
Telephone	(202)225-6831
	Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State TN District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Smithsonian Institution	Spouse Salary	$3,727

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Jim Cooper

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X									X								
	Dominion Bancshares Corp.						X					X												X					X
	A.G. Edwards & Sons					X						X												X					X
	1st American Bank, Washington			X										X							X									
	Congressional Credit Union			X										X							X									
	Dominion Bank, Shelbyville, TN				X									X							X									
	Hancock Bank, Gulfport, MS			X										X							X									

For additional assets and unearned income, use next page

PARTS II AND III - ASSETS AND UNEARNED INCOME
(continuation sheet 1 of 3)

Reporting Individual: Jim Cooper

Asset and/or Income Source	Valuation	Method	Income Type	Amt. of Income	Transaction
4.5% limited partnership interest in PLC Properties Ltd., Brentwood, TN *	$292,334		income	III	
33% general partnership interest in Cooper Brothers Land Co. *	$555,861		farm inc. royalties	V III	
33% interest in Adams' Properties -01504 East Beach Drive, Gulfport, MS	$35,476	tax assmt.	interest	I	
Martha Hays Trust (see attached printout from Hancock Bank Trust Department)	$44,861		interest	IV	
115 C Street, SE, Washington, DC	$415,034	tax assmt.	rent	VI	
41 D Street, SE, Washington, DC	$285,083	tax assmt.	rent	VI	
IRA Account - James H.S. Cooper (see attached printout from A.G. Edwards & Co.)	$7,654		dividends/ interest	II	sales/ purchases
IRA Account - Martha Hays Cooper (see attached printout from A.G. Edwards & Co.)	$6,666		dividends/ interest	II	purchase
33% Remainder Interest, Hortense P. Cooper Trust (Dominion Bancorp. stock)	$32,573	actuarial estimate		I	
TOTAL	$1,675,542				

* Primary assets of these partnerships are disclosed on next page, but these do not add to the total of assets and unearned income of Jim Cooper.

PARTS II AND III - ASSETS AND UNEARNED INCOME
(continuation sheet 2 of 3)

Reporting Individual: Jim Cooper

Asset and/or Income Source	Valu-ation	Method
* Assets of PLC:		
-PLC Business Park and undeveloped land behind it, 41 acres off Maryland Way and Granny White Pike	$2,642,900	tax assmt.
-McGavock Farms Subdivision, less than 21 acres off Granny White Pike	$1,197,000	tax assmt.
-144 acres of undeveloped land on Murray Lane	$2,547,500	tax assmt.
* Assets of Cooper Brothers:		
-Kentucky Farms, near Smith Mills, KY		
-575 acres ("Tweedy Place", Parcel 18-12, Acct. 2619 and "Floyd Place", Parcel 18-1, Acct. 2618)	$417,810	tax assmt.
-543 acres ("Klondike" and "Reeder Place", Parcel 12-2, Acct. 2617)	$164,080	tax assmt.
-162 acres ("Brahm", Parcel 7-18, Acct. 12766)	$79,690	tax assmt.
-107 acres ("Meuth", Parcel 11-3, Acct. 6443)	$37,655	tax assmt.
-75 acres ("Utley", Parcel 14-4-14.01, Acct. 13167)	$62,200	tax assmt.
-Tennessee Farms, near Shelbyville, TN		
-463 acres (the "King Place") on Jenkins Chapel Road (Shofner's Bridge Road)	$266,200	tax assmt.
-462 acres (the "Stewart Place") off Fishingford Pike & Temple Ford Rd.	$184,600	tax assmt.
-80 acres off the Thompson Creek Road	$16,400	tax assmt.
-Tennessee Lots, in Shelbyville, TN		
-756 Madison Street, Dominion Bank Branch	$149,600	tax assmt.
-758 Madison Street	$125,000	tax assmt.

PARTS II AND III - ASSETS AND UNEARNED INCOME
(continuation sheet 3 of 3)

Reporting Individual: Jim Cooper

Assets of Cooper Brothers, continued

-lot behind 756 Madison, plus strip on East Lane Street/Railroad Ave.	$26,750	tax assmt.
-218 East Holland Street	$37,700	tax assmt.
-lot off S. Main Street (corner of South Brittain and St. William's Drive)	$25,500	tax assmt.
-corner of Depot and Thompson Sts.	$17,500	tax assmt.
-319 East Lane St.	$6,000	tax assmt.
-409 East Lane St.	$59,100	tax assmt.

INVESTMENTS SINCE 1887

ACCOUNT NUMBER	TAXPAYER ID
66 086011 032	410-74-7242

JAMES H S COOPER
115 C STREET S.E.
WASHINGTON DC 20003-1834

STATEMENT PERIOD	PAGE
10/26/91 TO 12/31/91	1

YOUR INVESTMENT BROKER
CALVIN P LEWIS
(615)244-4000

OFFICE SERVING YOUR ACCOUNT
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

ACCOUNT SUMMARY	LONG	SHORT
PRICED SECURITIES VALUE	322,500.00	
MONEY MARKET	66,164.35	
TOTAL PRICED ACCOUNT VALUE	388,664.35	

INCOME SUMMARY	THIS PERIOD	YEAR TO DATE
DIVIDENDS	3,300.00	3,300.00
MONEY MARKET FUNDS	1,087.17	1,854.63
TOTAL	4,387.17	5,154.63

ACTIVITY SUMMARY	DEBIT	CREDIT
MONEY FUND PURCHASES	1,087.17	
MONEY FUND SALES		60,010.00
INCOME FROM SECURITIES		4,387.17
CHECKS/WITHDRAWALS	63,300.00	
OTHER	10.00	
CLOSING CASH BALANCE		.00

ACTIVITY THIS PERIOD

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/22	DIVIDEND	595.70	DAILY CASH ACCUMULATION FUND 04.97% 35 DAY AVERAGE YIELD FOR PERIOD ENDING 11/21/91 AUTOMATICALLY REINVESTED		
12/06	MONEY TRNSFR		COOPER WIRED TO DOMINION BANK		60,000.00
12/06	SOLD	60,010CR	DAILY CASH ACCUMULATION FUND	1	60,010.00CR
12/06	FEE		WIRE TRF FEE		10.00
12/10	DIVIDEND ON	30,000	DOMINION BANKSHARES CORP		3,300.00CR
12/20	DIVIDEND	383.96	DAILY CASH ACCUMULATION FUND 04.78% 28 DAY AVERAGE YIELD FOR PERIOD ENDING 12/19/91 AUTOMATICALLY REINVESTED		
12/31	DIVIDEND	107.51	DAILY CASH ACCUMULATION FUND 04.57% 13 DAY AVERAGE YIELD FOR PERIOD ENDING 12/31/91 AUTOMATICALLY REINVESTED		

If this statement does not agree with your records, please contact our Branch Administrative Department in St. Louis promptly. Please include your full account number.

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

Certain cash items, receipt and delivery of securities, entries and trades settling after the statement period will appear on your next statement.

INVESTMENTS SINCE 1887

ACCOUNT NUMBER	TAXPAYER ID
66 086011 032	410-74-7242

JAMES H S COOPER

STATEMENT PERIOD	PAGE
10/26/91 TO 12/31/91	2

YOUR INVESTMENT BROKER
CALVIN P LEWIS
(615)244-4000

OFFICE SERVING YOUR ACCOUNT
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

ACTIVITY THIS PERIOD CONTINUED

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT
12/31	PAYMENT		CHECK FOR DIV/INT		3,300.00
12/31			CLOSING CASH BALANCE		.00

PORTFOLIO SUMMARY

QUANTITY	DESCRIPTION	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD
	*****MONEY MARKET AND CASH*****				
66,164.35	DAILY CASH ACCUMULATION FUND	1	66,164.35	3,089.88	4.67
	*****PRICED SECURITIES*****				
30,000	DOMINION BANKSHARES CORP	10 3/4	322,500.00	13,200.00	4.09
	TOTAL PRICED SECURITIES-LONG		322,500.00	13,200.00	4.09
	TOTAL PRICED ACCOUNT VALUE		**388,664.35**	**16,289.88**	**4.19**

*****END OF STATEMENT*****

HERE'S A GREAT NEW YEAR'S RESOLUTION: START 1992 OFF RIGHT WITH A MONTHLY ACCUMULATION PLAN - THE CONVENIENT WAY TO INVEST AUTOMATICALLY FOR FUTURE GOALS.

If this statement does not agree with your records, please contact our Branch Administrative Department in St. Louis promptly. Please include your 10b account number.

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

Certain cash items, receipt and delivery of securities, entries and trades settling after the statement period will appear on your next statement.

A.G. EDWARDS & SONS, INC.
INVESTMENTS SINCE 1887

ACCOUNT NUMBER	TAXPAYER ID
66 152723 032	410-74-7242

A G EDWARDS & SONS
CUSTODIAN FOR
JAMES H S COOPER
IRA ACCOUNT

STATEMENT PERIOD	PAGE
11/30/91 TO 12/31/91	2

YOUR INVESTMENT BROKER
CALVIN P LEWIS
(615)244-4000

OFFICE SERVING YOUR ACCOUNT
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

PORTFOLIO SUMMARY

QUANTITY	DESCRIPTION	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD
	*****MONEY MARKET AND CASH*****				
	CASH BALANCE		30.00		
3,359.31	DAILY CASH ACCUMULATION FUND	1	3,359.31	156.88	4.67
	*****PRICED SECURITIES*****				
100	BIG B INC	11 1/4	1,125.00	16.00	1.42
100	* PEOPLES BANCORP OF WORCESTER	22 3/4	2,275.00	128.00	5.63
100	SCUDDER NEW EUROPE FUND INC	8 1/2	850.00	30.00	3.53
1	ZENITH LABS INC NEW	15	15.00		
	TOTAL PRICED SECURITIES-LONG		4,265.00	174.00	4.08
	TOTAL PRICED ACCOUNT VALUE		**7,654.31**	**330.88**	**4.32**

*****END OF STATEMENT*****

HERE'S A GREAT NEW YEAR'S RESOLUTION: START 1992 OFF RIGHT WITH A MONTHLY ACCUMULATION PLAN - THE CONVENIENT WAY TO INVEST AUTOMATICALLY FOR FUTURE GOALS.

If this statement does not agree with your records, please [illegible] Department [illegible]

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

Certain cash items, receipt and delivery of securities and [illegible] shown after the statement period [illegible]

St. Louis, Missouri 63141
(314) 289-3000

A. G. EDWARDS & SONS, INC.
INVESTMENTS SINCE 1887

ACCOUNT NUMBER	TAXPAYER ID
66 153444 032	587-90-7035

A G EDWARDS & SONS
CUSTODIAN FOR
MARTHA HAYS COOPER
IRA ACCOUNT

STATEMENT PERIOD	PAGE
11/30/91 TO 12/31/91	2

YOUR INVESTMENT BROKER
CALVIN P LEWIS
(615)244-4000

OFFICE SERVING YOUR ACCOUNT
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

PORTFOLIO SUMMARY

QUANTITY	DESCRIPTION	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD
	MONEY MARKET AND CASH				
	CASH BALANCE		30.00		
571.14	DAILY CASH ACCUMULATION FUND	1	571.14	26.67	4.67
	PRICED SECURITIES				
100	* HANCOCK HOLDING CO GULFPORT MS	21 1/4	2,125.00	60.00	2.82
100	HIBERNIA CORP-CLASS A	2 3/4	275.00		
100	LINCOLN NATL CONV SECS FD INC	15 1/2	1,550.00	102.00	6.58
100	SCUDDER NEW EUROPE FUND INC	8 1/2	850.00	30.00	3.53
200	SOCIETY FOR SAVINGS BANCORP	6 1/4	1,250.00		
1	ZENITH LABS INC NEW	15	15.00		
	TOTAL PRICED SECURITIES-LONG		6,065.00	192.00	3.17
	TOTAL PRICED ACCOUNT VALUE		**6,666.14**	**218.67**	**3.28**

END OF STATEMENT

HERE'S A GREAT NEW YEAR'S RESOLUTION: START 1992 OFF RIGHT WITH A MONTHLY ACCUMULATION PLAN - THE CONVENIENT WAY TO INVEST AUTOMATICALLY FOR FUTURE GOALS.

If this statement does not agree with your records, please contact our Branch Administration Department in St. Louis promptly. Please include your full account number.

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

Certain cash items, receipt and delivery of securities, entries and trades settling after the statement period will appear on your next statement.

Hancock Bank Trust Department

--STATEMENT OF ASSETS-- 12/31/91 PAGE 1

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

ADM OFF - NWM
INV OFF - PK

UNITS	DESCRIPTION	BOOK VALUE	UNIT PRICE	MARKET VALUE
	-- BONDS --			
	-- BONDS FEDERAL GOVERNMENT --			
	-- U S GOVERNMENT NOTES --			
10,000	U.S. TREASURY NOTE @ 8.50% DTD 022890 DUE 022992	10,000.11	100.6880	10,068.80
10,000	U.S. TREASURY NOTE @ 8% DTD 081590 DUE 081593	9,973.85	105.1880	10,518.80
	TOTAL U S GOVERNMENT NOTES	19,973.96		20,587.60 *
	-- GOVT NATL MTG ASSN INVEST FUND --			
426.621	FEDERATED GNMA FUND #016	5,000.00	11.8900	5,072.52
	TOTAL BONDS FEDERAL GOVERNMENT	24,973.96		25,660.12 *
	TOTAL BONDS	24,973.96		25,660.12 **
	-- COMMON STOCK --			
	-- COMMON STOCK INVESTMENT CO. --			
	-- MUTUAL FUNDS & COLLECTIVE FUND --			
152.827	FIDELITY SECS FD GROWTH & INC PORTFOLIO FUND #27	3,000.00	20.490	3,131.43
	TOTAL COMMON STOCK	3,000.00		3,131.43 **
	-- TIME DEPOSITS --			
	-- CERTIFICATES OF DEPOSIT --			
13,762	GOVERNMENT INVESTMENT ACCOUNT (PERS ACCTS) (PRIN)	13,762.00		13,762.00

Hancock Bank Trust Department

--STATEMENT OF ASSETS-- 12/31/91 PAGE 2

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

ADM OFF - NWM
INV OFF - PK

UNITS	DESCRIPTION	BOOK VALUE	UNIT PRICE	MARKET VALUE
2,306	GOVERNMENT INVESTMENT ACCOUNT (PERS ACCTS) (INCOME) ** INVESTED INCOME **	2,306.00		2,306.00
	TOTAL CERTIFICATES OF DEPOSIT	16,068.00		16,068.00 *
	TOTAL TIME DEPOSITS	16,068.00		16,068.00 **
	-- MISCELLANEOUS --			
	-- MISCELLANEOUS ASSETS --			
	1/3 INT IN REPUBLIC NAT'L LIFE INS POL #193642	1.00		1.00
	TOTAL MISCELLANEOUS	1.00		1.00 **
	TOTAL ASSETS	44,042.96		44,860.55 ***
	INCOME CASH	.50		.50
	PRINCIPAL CASH	.20		.20
	TOTAL CASH & ASSETS	44,043.66		44,861.25

Hancock Bank Trust Department

--STATEMENT OF ASSETS-- 12/31/91 PAGE 3

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

ADM OFF - NWM
INV OFF - PK

UNITS	DESCRIPTION	BOOK VALUE	UNIT PRICE	MARKET VALUE
	-- LIABILITIES --			
	-- NOTES PAYABLE SECURED --			
	1/3 INT IN REPUBLIC NAT LF INS NOTE AGAINST POL #193642 INSURING CRAWFORD CLEVELAND	2,859.87-		2,859.87-
	TOTAL LIABILITIES	2,859.87-		2,859.87-**
	TOTAL NET VALUE	41,183.79		42,001.38 ***

Reporting Individual's Name
Jim Cooper

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Dominion Bancshares Corp.		X		8-22-91				X			
S	Hancock Holding Co., Gulfport, MS (for IRA account)	X			11-21-91	X						
	LXE Inc. (for IRA account)	X	X		4-11/12-91	X						
	R.H. Macy & Co. (for IRA account)		X		7-09-91	X						

INVESTMENTS SINCE 1937

ACCOUNT NUMBER	TAXPAYER ID
66 086011 032	410-74-7242

JAMES H S COOPER
115 C STREET S.E.
WASHINGTON DC 20003-1834

STATEMENT PERIOD	PAGE
07/27/91 TO 08/30/91	1

YOUR INVESTMENT BROKER
CALVIN P LEWIS
(615)244-4000

OFFICE SERVING YOUR ACCOUNT
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

ACCOUNT SUMMARY	LONG	SHORT
PRICED SECURITIES VALUE	382,500.00	
CASH BALANCE	124,319.72	
TOTAL PRICED ACCOUNT VALUE	506,819.72	

ACTIVITY SUMMARY	DEBIT	CREDIT
SALES		124,319.72
CLOSING CASH BALANCE		124,319.72

ACTIVITY THIS PERIOD

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT
08/29	SOLD	9,468CR	DOMINION BANKSHARES CORP DISCOUNT 25%	13 1/4	124,319.72CR
08/30			CLOSING CASH BALANCE		124,319.72CR

PORTFOLIO SUMMARY

QUANTITY	DESCRIPTION	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD
	****MONEY MARKET AND CASH****				
	CASH BALANCE		124,319.72		
	****PRICED SECURITIES****				
30,000	DOMINION BANKSHARES CORP	12 3/4	382,500.00	13,200.00	3.45
	TOTAL PRICED SECURITIES-LONG		382,500.00	13,200.00	3.45
	TOTAL PRICED ACCOUNT VALUE		506,819.72	13,200.00	2.60

****END OF STATEMENT****

CMOS OFFER YOU AAA-QUALITY, HIGH YIELDS AND MONTHLY, QUARTERLY OR SEMI-ANNUAL INCOME. CALL YOUR BROKER TODAY ABOUT HOW CMOS CAN HELP MEET INCOME OBJECTIVES.

If this statement does not agree with your records, please contact our Branch Administration Department in St Louis promptly. Please include your full account number.

SEE REVERSE FOR EXPLANATION OF CODES AND POSITION PRICING METHOD

Certain cash items, receipt and delivery of securities, entries and trades settling after the statement period will appear on your next statement.

(314) 289-3000 INVESTMENTS SINCE 1887 SIPC

ACCOUNT NUMBER		STATEMENT PERIOD
66 152723 032	A G EDWARDS & SONS CUSTODIAN FOR JAMES H S COOPER IRA ACCOUNT 115 C STREET SE WASHINGTON DC 20003	01/01/91 TO 12/31/91
TAXPAYER ID		A.G. EDWARDS & SONS TAX ID
410-74-7242		43-0895447
YOUR INVESTMENT BROKER		CLIENT SERVING YOUR ACCOUNT
CALVIN P LEWIS (615) 244-4000		401 CHURCH ST GROUND F L & C TOWER NASHVILLE TN 37219-229

CLIENT ACTIVITY SUMMARY

DIVIDENDS AND DISTRIBUTIONS

GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK	341.20
INCLUDES: ORDINARY DIVIDENDS	341.20

CAPITAL TRANSACTIONS

TOTAL GROSS PROCEEDS	2,516.17
INCLUDES: TOTAL GROSS PROCEEDS FROM SECURITIES	2,516.17

ORIGINAL ISSUE DISCOUNT

TOTAL ORIGINAL ISSUE DISCOUNT	345.09

ORIGINAL ISSUE DISCOUNT SUMMARY

ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
OID	3,000	R H MACY & CO NEW 16.5% 11-15-06 JR SUB DISCOUNT DEB CONVERTS TO CPN 7-15-93 ISSUED 06/26/86 @ 36.9620	556141AB5	345.09CR

1991 CAPITAL TRANSACTIONS SUMMARY

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
04/11	BOUGHT	100	* LXE INC	502465107	950.00
04/12	SOLD	100-	* LXE INC	502465107	1250.67CR
07/09	SOLD	3000-	R H MACY & CO NEW 16.5% 11-15-06 JR SUB DISCOUNT DEB CONVERTS TO CPN 7-15-93	556141AB5	1265.50CR

(314) 289-3000

INVESTMENTS SINCE 1887

ACCOUNT NUMBER		STATEMENT PERIOD
66 153444 032	A G EDWARDS & SONS CUSTODIAN FOR MARTHA HAYS COOPER IRA ACCOUNT 115 C STREET SE WASHINGTON DC 20003	01/01/91 TO 12/31/91
TAXPAYER ID		A.G. EDWARDS & SONS TAX ID
587-90-7035		43-0895447
YOUR INVESTMENT BROKER		OFFICE SERVING YOUR ACCOUNT
CALVIN P LEWIS (615) 244-4000		401 CHURCH ST GROUND F L & C TOWER NASHVILLE TN 37219-229

CLIENT ACTIVITY SUMMARY

. . . . . DIVIDENDS AND DISTRIBUTIONS . . . . . .

GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK	281.68
INCLUDES: ORDINARY DIVIDENDS	281.68

. . . 1992 PAYABLE DIVIDENDS INCLUDED AS 1991 INCOME . . . . SEE ENCLOSED LETTER. .

. . . . . .INCOME INCLUDED IN DIVIDEND/INTEREST TOTALS . . . . . .

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
12/31	DIVIDEND	100	LINCOLN NATL CONV SECS FD INC	534183108	30.00CR

. . . . . 1991 CAPITAL TRANSACTIONS SUMMARY . . . . . .

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
11/21	BOUGHT	100	* HANCOCK HOLDING CO GULFPORT MS	410120109	1700.00

. . . . . .DIVIDEND INCOME SUMMARY. . . . . .

ORDINARY DIVIDENDS	
DAILY CASH ACCUMULATION FUND	62.68
* HANCOCK HOLDING CO	15.00
HIBERNIA CORP-CLASS A	15.00
LINCOLN NATL CONV SECS FD INC	102.00
SCUDDER NEW EUROPE FUND INC	72.00
SOCIETY FOR SAVINGS BANCORP	15.00
TOTAL ORDINARY DIVIDENDS	281.68

. . . . . END OF STATEMENT . . . . . .

Reporting Individual's Name
Jim Cooper

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D.C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C. to Seattle, 3 days food & lodging, self and spouse	
Vanderbilt Owen School of Managemt.		4-08-91	Roundtrip air from Wash.DC to Nashville, TN	
Tennessee Health Care Association		3-11-91	Roundtrip airfare from Wash., D. C. to Nashville, TN.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name
Jim Cooper

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
limited partner	PLC Properties, Ltd.
general partner	Cooper Brothers Land Co.
ex-officio trustee	Walters State and Motlow Community Colleges

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
J. Cooper	5-15-92

GPO: 1991 50-267 (m)

Reporting Individual's Name
Jim Cooper

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	First Commonwealth Savings (servicing transferred								
	to Loyola Federal, Glen Burnie, MD)	mortgage on 115 C St. SE						X	
	Sovran Mortgage Corp., Richmond, VA	mortgage on 41 D St. SE			X				

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

92 15 13 2 4

Jerry F. Costello
(Full Name)

629 Garden Blvd.
(Mailing Address)

William B. Schaltenbrand, Accountant
(618) 398-4173
Telephone

Belleville, IL 62220

HAND DELIVERED

Filer Status	[X] Member of the U S House of Representatives	State IL District 21	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Metro East Retail Corporation	Spouse Salary	NA
	Metro East Retail Corporation	Spouse Auto Allowance	NA
	*Does Not Accept Honoraria		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Jerry F. Costello

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT — S — Examples: ABC Corporation Stock				X								X									X								X
Examples: George Wash. Credit Union Accounts					X									X									X						
Examples: 182 Main Street, Dover, Delaware						X						X										X							
Metro East Retail Corp. - Stock Granite City, IL						X								X								X							
C & C Investments - Partnership- Owning Comm. Bldgs.- ½ interest																													
Rt. 1 - Box 1193B Granite City, IL							X						X												X				
C & C Investments - Partnership - Owning Equipment- ½ interest																													
Rt. 1 - Box 1193B Granite City, IL					X								X						X										X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jerry F. Costello

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	West Pointe Bank Stock - IRA			X															X											
S	West Pointe Bank Stock - IRA			X															X											
	State of Illinois				X													Illinois Retirement	X											
S	State of Illinois				X													Illinois Teacher's Retirement	X											

Reporting Individual's Name
Jerry F. Costello

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	C & C Investments - Equipment		X		10-23-91		X					

Financial Disclosure A-3

Reporting Individual's Name

Jerry F. Costello

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Magna Bank, Belleville, IL	Mortgage & Notes on Comm. Bldgs. Rt. 1, Box 1193B, Granite City, IL					X		

Reporting Individual's Name
Jerry F. Costello

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
Illinois American Water Company	Wall Map For Staff	$157

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash. D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D.C. to Seattle, 3 days food & lodging, self and spouse	
Fleischman/Hillard	1/25-1/28 1991	Roundtrip Air Travel to Tampa, 3 Days Lodging, Self & Son Promote NFL Expansion Team for Metro East Region	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: Jerry F. Costello

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
(See Part II) General Partner	C & C Investments (Commercial Bldgs. - Granite City, IL)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S C app 6, § 104 and 18 U S C § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
X Jerry F. Costello	May 14, 92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 13 PM 3 35

(7)

Lawrence Coughlin
(Full Name)

2309 Rayburn H.O.B. — 202-225-6111
(Mailing Address) — Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Pa District 13	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	National Transportation Safety Board	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Lawrence Coughlin

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples.	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X								X								
	Congressional Federal Credit Union					X										X							X								
S	Congressional Federal Credit Union						X									X						X									
	Alliance Tax Exempt Reserve Fund							X								X							X								
	American Security Bank					X										X						X									
S	American Security Bank					X										X						X									
	U.S. Treasury Note						X									X							X							X	
	U.S. Treasury Note						X									X							X							X	
	Abbott Labs Stock						X							X								X								X	
	Affiliated Publications Stock					X								X							X									X	
	American Brands Stock						X							X								X								X	
	Bowater & Lomb Stock						X							X								X								X	
	Bristol Myers Squibb Stock						X							X								X								X	

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Lawrence Coughlin

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Giant Food Stock				X								X								X									X
John H Harland Co Stock				X								X								X									X
H J Heinz Stock				X								X									X								X
Pacific Telesis Stock				X								X									X								X
Rubbermaid Stock				X								X								X									X
Schering Plough Stock					X							X									X								X
Waste Management Stock				X								X								X									X
Wilmington Trust Co Stock					X							X									X								X
Albertson's Stock				X								X								X									X
222 S Carolina Ave. SE, Wash. DC						X							X											X					

[redacted] (Form A)

Reporting Individual's Name
Lawrence Coughlin

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Albertson's Stock	X			3/31/91	X						
	Albertson's Stock		X		7/16/91	X						
	Abbott Labs Stock		X		8/18/91		X					
	Affiliated Publications Stock		X		7/24/91	X						
	American Brands Stock		X		7/16/91		X					
	Bausch & Lomb Stock		X		7/24/91		X					
	Bristol Myers Squibb Stock		X		7/16/91		X					
	Grant Funds Stock		X		7/16/91	X						
	John H. Hartford Stock		X		7/16/91	X						
	H. J. Heinz Stock		X		7/24/91	X						
	Pacific Telesis Stock		X		7/24/91	X						
	Rubbermaid Stock		X		7/24/91	X						
	Schering Plough Stock		X		8/16/91		X					
	Waste Management Stock		X		7/16/91	X						
	Wilmington Trust Co Stock		X		8/19/91		X					
	U.S. Treasury Note		X		7/24/91		X					
	U.S. Treasury Note		X		7/24/91		X					
	Abbott Labs Stock	X			3/14/91	X						
	Bristol Myers Squibb Stock	X			3/14/91	X						
	Schering Plough Stock	X			3/14/91	X						
	Bausch & Lomb Stock	X			3/18/91	X						

Reporting Individual's Name
Lawrence Coughlin

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Lawrence Coughlin

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Congressional Institute		Mar 14-16, 91	Transportation, meals + lodging, Princeton, N.J.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member	Metropolitan Washington Airports Authority Board of Review
Trustee	National Fund for the U.S. Botanic Garden
Director	Opportunities Industrialization Center

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Lawrence Coughlin	5/13/92

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY -1 AM 11 20

(7)

Congressman Christopher Cox
(Full Name)

412 Cannon Building
(Mailing Address)

Washington, DC 20515

Telephone: 225-5611

HAND DELIVERED

MC
(Office Use Only)

Filer Status	X Member of the U.S. House of Representatives	State CA District 40	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Christopher Cox

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Christopher Cox

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Dean Witter Reynolds, Inc.														X							X								
money market account																													
Cox Congressional Committee														X									X						
promissory note																													
Dean Witter IRA														X							X								

[redacted] (Form A)

Reporting Individual's Name: Christopher Cox

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Christopher Cox

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	David Industries Inc.	personal note		X					
	Charles Cox	personal note		X					

Reporting Individual's Name: Christopher Cox

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$185

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Krieble Associates, Inc.		Feb.12-18	Roundtrip air LAX/Moscow/Vladivostok/Riga/Latvia/	
			Dulles; 6 days food & lodging, self	
National Forum Foundation		Mar.13-16	Roundtrip air Andrews AFB, Bahrain, Kuwait, Andrews	
			AFB; 3 days food & lodging, self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Christopher Cox

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member-Board of Trustees	Yosemite Fund
Member - Advisory Board	Childhelp USA
Member-Board of Advisors	Center for Security Policy
Member-Advisory Committee	Radio America
Member-Board of Advisors	Int'l Medical Corps
Member-Board of Advisors	Wash. Legal Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Christopher Cox	4-29-92

GPO: 1991 50-267 (m)

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784

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(3) 92 ... 20 PM 2 55

Congressman Christopher Cox
(Full Name)

412 Cannon Building
(Mailing Address)

Washington, DC 20515

Telephone: 225-5611

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 40	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

✓ HAND DELIVERED
MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name: Christopher Cox

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																												
S	Examples: ABC Corporation Stock			X								X								X									X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Dean Witter Reynolds, Inc.			X										X						X									
	money market account																												
	Cox Congressional Committee	X												X									X						
	promissory note																												
	Dean Witter IRA			X										X						X									

For additional assets and unearned income, use next page

Reporting Individual's Name
Christopher Cox

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member-Board of Trustees	Yosemite Fund
Member-Advisory Board	Childhelp USA
Member-Board of Advisors	Center for Security Policy
Member-Advisory Committee	Radio America
Member-Board of Advisors	Int'l. Medical Corps
Member-Board of Advisors	Wash. Legal Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Chris Cox	5-19-92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 5 15 PM 2 14

(7)

Representative John W. Cox, Jr.
(Full Name)

906 Third Street
(Mailing Address)

(815) 777-9282
Telephone

Galena, Illinois 61036

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State Ill. District 16th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Hammer, Cox, Simon (earned Prior to 1/1/91)	Law Partnership Income	$27,559.00

For payments to charity in lieu of honoraria, use next page

787

Reporting Individual's Name
Rep. John W. Cox. Jr.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	BLOCK C Income: Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X						
S	Tri-State Bank, Savings			X										X							X								
	Edward D. Jones, Savings		X											X						X									
	Tri-State Bank, Savings		X											X						X									
JT	Salena State Bank, Savings		X											X							X								
	JDC Communications Inc., Stock	X										X							X										
	Tri-State Bank, IRA's & SEP				X									X								X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Rep. John W. Cox, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Tri-State Bank, IRA			X										X							X								
	Edward D. Jones, Savings				X									X							X								
	Edward D. Jones, Savings			X										X							X								

Reporting Individual's Name

Rep. John W. Cox, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Edward D. Jones, Freddie Mac		X		5/15/91		X					
S	Edward D. Jones, Freddie Mac		X		5/15/91	X						

Reporting Individual's Name
Rep. John W. Cox, Jr.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
S	Tri-State Bank of East Dubuque	Mortgages -206 N. Main, Galena,Il.			X				
	General Motors Acceptance Corp.	1990 Van		X					

Financial Disclosure A-4

Reporting Individual's Name
Rep. John W. Cox, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Agenda For Peace In El Salvador		Apr.19-21, 1991	Roundtrip Air-Washington, DC to Mexico City, Mexico (Two days of food and lodging)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Rep. John W. Cox, Jr.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Member of Board	J.D.C. Communications, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE X

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No X NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No X NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John W. Cox	May 12, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY -8 AM 10:21

(7)

William J. Coyne
(Full Name)

2455 Rayburn H.O.B.
(Mailing Address) Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 14	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [XXX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
William J. Coyne

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Securities Industry Association	Speech	Oct. 22, 91	$2,000

Reporting Individual's Name
William J. Coyne

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
	Pittsburgh National Bank						X								X										X					
	Wright Patman F.C.U.				X										X							X								
	Dollar Savings Bank					X									X								X							
	Mellon Bank					X									X								X							

For additional assets and unearned income, use next page

Reporting Individual's Name: William J. Coyne

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [XXX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

William J. Coyne

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [XXX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: William J. Coyne

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE XXX

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE XXX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
1991 Congressional Weekend		Sept. 19-23, 1991	Roundtrip Air from Wash. D.C. to Chicago,3 days food & lodging	
(Hosted by the City of Chicago)				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: William J. Coyne

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Board Member	YMCA of Pittsburgh
Board Member	Flax Trust

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XXX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: William J. Coyne

DATE (Month, Day, Year): 5/7/92

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 AM 11: 46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(7)

HAND DELIVERED
mc
(Office Use Only)

Robert E. Cramer, Jr.
(Full Name)

417 Eustis Avenue, Huntsville, Alabama 35801
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S House of Representatives	State: Alabama District: 5th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [XX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Robert E. Cramer, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock			X								X										X								X
	George Wash. Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X									X								
	Easy Street Investment Company, Inc. Huntsville, AL (1) share			X											X							X								
	Alabama State Employees Deferred Income Account, Montgomery, AL (Invested in:) Nationwide Fixed Annuity			X											X							X								
	Massachusetts Capital Development																													

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Robert E. Cramer, Jr.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Loan to Friends of Bud Cramer																												
Campaign, Huntsville, AL				X									X									X						
Money Market Bank Account																												
SouthTrust Bank, Huntsville,AL				X									X							X								

[redacted] (Form A)

Reporting Individual's Name: Robert E. Cramer, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XXX]

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: Robert E. Cramer, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [XXX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Robert E. Cramer, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [yyy]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Lockheed/Aerojet Corporations		Aug.24--Aug.27,1991	Roundtrip Air Travel from Huntsville, AL to San Francisco, CA to Sacramento, CA to Washington, DC, & 3 nights lodging and 4 days of meals for self. Briefing and Tour of Facilities.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Robert E. Cramer, Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member (unpaid)	National Center for Missing and Exploited Children, Arlington, VA.
Board Member (unpaid)	National Network of Child Advocacy Centers , Huntsville, AL

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 7 14 13 4 54 (8)

HAND DELIVERED

MC

(Office Use Only)

Philip Miller Crane
(Full Name)

1035 Longworth Building
(Mailing Address)

Washington, D.C. 20515 (202) 225-3711
Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Philip Miller Crane

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X									X								
	Congressional Credit Union Accounts					X								X										X						
S	First American Bank Account						X							X											X					
	Teacher's Insurance & Annuity Assoc TIAA/CREF (Retirement)			X														N/A												
	Am Capital Govt Securities Funds (IRA)				X							X										X								
	Wellesley Income Fund (SEP-IRA)						X					X												X						
	New England Life Money Market Account			X								X									X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Philip Miller Crane

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Putnam Income Mutual Fund				X							X										X							
	Putnam Insured Mutual Fund				X							X										X							
	Nuveen Municipal Value Fund				X							X										X							
	Nuveen Quality Income Municipal Fund				X							X									X								X
	MFS Municipal Income Trust				X							X										X							
	Wilkins Industrial Development Bond				X							X							X										X
	JA Buralli & Assoc, L.P., interest in 400 acres development property in McHenry, IL				X														X										
	Fountain County, Indiana, Farm				X													Farm Income				X							
	Coin Collection					X													X										

[redacted] (Form A)

Reporting Individual's Name: Philip Miller Crane

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Nuveen Quality Income Municipal Fund	X			06-19-91		X					
	Wilkins Industrial Development Bond	X			06-17-91		X					

Reporting Individual's Name

Philip Miller Crane

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Philip Miller Crane

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Kemper Open Committee	Carry-all, shirt, sweater, jacket, watch, umbrella, golf balls	$200

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
* Norwegian Caribbean Cruise Line	1/16-1/22	Airfare: DC-Miami-DC (extra days at own expense); speech	
* Royal Caribbean Cruises Ltd	1/30-2/4	Airfare: DC-Miami-DC, 3 nights lodging & meals (extra days at own expense	
The Discussion Club	3/7-3/9	Airfare: DC-St Louis-Chicago, 1 night lodging & meals; speech	
* SmithKline Beecham	3/24-3/31	Airfare: DC-San Juan, PR-DC, 7 nights lodging & meals; tours & meetings	
Students for America	4/26-4/27	Airfare: DC-Raleigh, NC-DC, 1 night lodging & meals; speech	

* expenses for spouse provided

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Philip Miller Crane

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Electronic Industries Association	6/1	Airfare: DC-Chicago-DC; meeting	
College Republicans	6/14	Airfare: DC-Dallas, TX-DC; speech	
* Ross Engineering	8/11-8/20	Airfare: DC-Tokyo-DC; 7 days excluding travel; meetings & tours	
* Congressional Charity Golf Tournament	9/6-9/8	Bus Transportation: DC-White Sulphur Springs, WV-DC, 2 nights & meals	
Ashland University	9/11-9/12	Airfare: DC-Cleveland-DC, 1 night lodging & meals; speech	
* Independent Insurers PAC	9/26-10/1	Airfare: DC-Honolulu-DC, 5 nights lodging & meals; speech	
Intercollegiate Studies Institute	10/5-10/6	Airfare: DC-Denver-Chicago, 1 night lodging & meals; speech	
* Miami Conference on the Caribbean	12/1-12/4	Airfare: DC-Miami-DC, 3 nights lodging & meals; conference participant	
* expenses for spouse provided			

Reporting Individual's Name: Philip Miller Crane

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Advisors	John M. Ashbrook Center for Public Affairs, Ohio
Board of Trustees	Ashland University, Ohio
Board of Trustees	Hillsdale College, Michigan
Trustee	Intercollegiate Studies Institute, Pennsylvania
Commissioner	Commission on the Bicentennial of the U.S. Constitution
Limited Partner	J.A. Buralli & Associates

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Philip M. Crane	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 2 42

(9)

HAND DELIVERED

Congressman Randy "Duke" Cunningham
(Full Name)

1017 Longworth House Office Building (202)225-5452
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 44	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mu (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Ron Zimmerman, Inc. (Phoneix, AZ 1991)	sales of video tapes	2,000.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Randy "Duke" Cunningham

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Shipbuilders Council of America (see below)	speech	June 5, 1991	1,000.00
Independant Insurance Agents (see below)	speech	October 27, 1991	2,000.00
Shipbuilders (charity)			
Independant Insurance Agents (charity)			

Reporting Individual's Name
Randy "Duke" Cunningham

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																					Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)													Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000		
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X											X
		George Wash. Credit Union Accounts				X									X									X									
		182 Main Street, Dover, Delaware					X							X									X										
JT	Top Gun Enterprises/sole share holder								X				N	O	N	E																	
JT	Mission Fed. Credit Union/share checking				X										X							X											
JT	Checking : Union Bank				X										X							X											
JT	IRA spouse/Union Bank/San Diego					X									X								X										
JT	IRA Member/Duke Union Bank San Diego					X									X								X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Randy "Duke" Cunningham

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	note: secured by deed of trust located at Elsworth parcel #386-410-28. Debtor: Calvin Goad					X						N	O	N	E													

(Form A)

Reporting Individual's Name
Randy "Duke" Cunnigham

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE NONE

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Randy "Duke" Cunningham

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [NONE]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Randy "Duke" Cunningham

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [NONE]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [NONE]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	GIFT (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Randy "Duke" Cunningham

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
Randy "Duke" Cunningham

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	San Diego Aerospace Museum (uncompensated)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐ NONE

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Randy Duke Cunningham	5-15-92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 6 PM 2 15

HAND DELIVERED

MC

(Office Use Only)

WILLIAM E. DANNEMEYER
(Full Name)

2234 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C.

Telephone: (202) 225-4111

Filer Status	[xx] Member of the U.S. House of Representatives	State: CA District: 39th	[ ] Officer or Employee	Employing Office:
Report Type	[xx] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [xx]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

WILLIAM E. DANNEMEYER

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Cardinal Mindszenty Foundation, Anaheim, CA	Speech	March 9, 1991	$200.00
** designated to Servite High School, Anaheim, CA			
Grocery Manufacturers Breakfast Meeting, Washington, D.C.	Speech	April 16, 1991	$1,000.00
** designated to Lutheran High School, Orange, CA			
Arkansas Medical Society, Arlington Hot Springs, AR	Speech	April 26, 1991	$750.00
** designated to Beyond Rejection Ministries, Hemet, CA			
National Council of Community Hospitals, Washington, D.C.	Speech	April 27, 1991	$2,000.00
** designated to Beyond Rejection Ministries, Hemet, CA			
UpJohn/Pharmaceutical Industries, Washington, D.C.	Speech	May 7, 1991	$2,000.00
** designated to Christ College, Irvine, CA			
National Confectioners Association, Washington, D.C.	Speech	September 23, 1991	$500.00
** designated to Hope Springs Farm, Smithburg, MD			
MRB Group "I Can't Lose Production", Fullerton, CA	movie appearance	Novemeber 15, 1991	$448.00
** designated to Naaman's Fellowship, Whittier, CA			

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I: Less than $201	II: $201 - $1,000	III: $1,001 - $2,500	IV: $2,501 - $5,000	V: $5,001 - $15,000	VI: $15,001 - $50,000	VII: $50,001 - $100,000	VIII: $100,001 - $1,000,000	IX: over $1,000,000	Block D: Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																												
S	Examples: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	PIONEER BANK, Fullerton Branch				X									X									X						
	FULLERTON SAVINGS & LOAN				X									X									X						
	STANFORD APARTMENTS: 18 one-bedrooms 105 North Stanford, Fullerton, CA									X			X														X		
	INDUSTRIAL BUILDING, Brea, CA								X				X													X			
	DANNEMEYER PROFESSIONAL BUILDING 1105 E. Commonwealth Blvd., Fullerton								X				X													X			
	GUADALUPE ASSOCIATES, INC (Ignatius Press)																	Royalties					X						

For additional assets and unearned income, use next page

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Reporting Individual's Name

WILLIAM E. DANNEMEYER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	CROWN VALLEY BUSINESS PARK - Exchange for interest in Industrial Building in Brea, CA			X							X	

Financial Disclosure A-3

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	FULLERTON SAVINGS & LOAN	1st trust deed on Stanford Apts. 107 N. Stanford, Fullerton			x				
	PIONEER BANK	1st trust deed on Dannemeyer Professional Building						x	

Financial Disclosure A-4

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [XX]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Concerned Women for America		Ap. 12,'91	Air Transportation from Los Angeles to Fresno	
Arkansas Medical Soceity		Ap. 26,'91	Roundtrip Air from Wash. D.C. to Little Rock	
United For Life		May 11,'91	Personal Jet (roundtrip) from Los Angeles to San Francisco	
CBN/Pat Robertson		5/30-31/91	Roundtrip Air Travel from Wash. D.C. to Virginia Beach	
Eagle Forum		Sep. 27,'91	Roundtrip Air Travel from Wash. D.C. to St. Louis on to Los Angeles	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM E. DANNEMYER

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
The Congressional Institute	Mar 14-16	Transportation, meals, lodging at Princeton Conference(including wife)	

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, propretor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board of Directors	GOD'S WORD TO THE NATIONS BIBLE SOCIETY

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William E. Dannemeyer	May 6, 1992

GPO: 1991 50-257 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

WILLIAM E. DANNEMEYER
(Full Name)

2234 RAYBURN HOUSE OFFICE BUILDING (202) 225-4111
(Mailing Address) Telephone

WASHINGTON, D.C.

Filer Status	[x] Member of the U.S. House of Representatives	State CA District 39th	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[xx] Amendment	[ ] Termination	Termination Date

✓ HAND DELIVERED
MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [xx]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
Cardinal Mindszenty Foundation, Anaheim, CA	Speech	March 9, 1991	$200.00
*designated to Servite High School, Anaheim, CA			
Grocery Manufacturers Breakfast Meeting, Washington, D.C.	Speech	April 16, 1991	$1000.00
* designated to Lutheran High School, Orange, CA			
Arkansas Medical Society, Arlington Hot Springs, AR	Speech	April 26, 1991	$750.00
*designated to Beyond Rejection Ministries, Hemet, CA			
National Council of Community Hospitals, Washington, D.C.	Speech	April 27, 1991	$2,000.00
*designated to Beyond Rejection Ministries, Hemet, CA			
UpJohn/Pharmaceutical Industries, Washington, D.C.	Speech	May 7, 1991	$2,000.00
*designated to Christ College, Irvine, CA			
National Confectioners Association, Washington, D.C.	Speech	September 23, 1991	$500.00
*designated to Hope Springs Farm, Smithburg, MD			
MRB Group "I Can't Lose" Production, Fullerton, CA	Movie appearance	November 15, 1991	$448.00
*designated to Naaman's Fellowship, Whittier, CA			

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X										X
			George Wash. Credit Union Accounts				X									X									X								
			182 Main Street, Dover, Delaware					X							X									X									
	PIONEER BANK, Fullerton Branch						X									X									X								
	FULLERTON SAVINGS & LOAN						X									X									X								
	STANFORD APARTMENTS: 18 one-bedrooms 105 North Stanford, Fullerton, CA											X			X															X			
	INDUSTRIAL BUILDING, Brea, CA										X				X												X						
	DANNEMEYER PROFESSIONAL BUILDING **										X				X												X						
	**LOCATED AT 1105 East Commonwealth, Fullerton, California																																

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM E. DANNEMEYER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	GUADALUPE ASSOCIATES, INC (Ignatius Press)																	Royalties					x					

[redacted] (Form A)

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	CROWN VALLEY BUSINESS PARK -- Exchange for interest in Industrial Building in Brea, California			XX							XX	

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	FULLERTON SAVINGS & LOAN	1st trust deed on Stanford Apts. 105 N. Stanford, Fullerton, CA			xx				
	PIONEER BANK	1st trust deed on Dannemeyer Professional Building						xx	

Financial Disclosure A-4

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Concerned Women for America	Ap. 12,'91	Air Transportation from Los Angeles to Fresno	
Arkansas Medical Society	Ap. 26,'91	Roundtrip Air from Wash. D.C. to Little Rock, AR	
United for Life	May 11,'91	Personal Jet (roundtrip) from Los Angeles to San Francisco	
CBN/Pat Robertson	5/30-31/91	Roundtrip Air Transportation from Wash. D.C. to Virginia Beach and one day's meals and lodging	
Eagle Forum	Sep. 27,'91	One-way Air transportation from Washington, D.C. to St. Louis	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM E. DANNEMEYER

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
The Congressional Institute	Mar 14-16	Transportation, meals, lodging at Princeton Conference (including wife)	

Reporting Individual's Name
WILLIAM E. DANNEMEYER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Board of Directors	GOD'S WORD TO THE NATION'S BIBLE SOCIETY

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William E. Dannemeyer	May 21, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 14 PM 3 32

(7)

GEORGE (BUDDY) DARDEN
(Full Name)

228 CANNON BLDG
(Mailing Address)

WASHINGTON, D.C. 20515 Telephone (202) 225-2931

Filer Status	☑ Member of the U.S. House of Representatives	State ____ District ____	☐ Officer or Employee	Employing Office ____
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date ____

DELIVERED

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☒

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
DARDEN

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	ROCK-TENN COMPANY	SPEECH	10/25/91	2,000.

Reporting Individual's Name
DARDEN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
JT	CERTIFICATE of Deposit																															
	BARNETT BANK-MARIETTA					X										X						X										
S	STOCK-WESTSIDE BANK-KENNESAW					X																										
JT	STOCK-ALLATOONA FEDERAL-ACWORTH					X																										
JT	STOCK-GEORGIA SECURITY BANK-MARIETTA					X																										
JT	IRA-COBB FEDERAL-MARIETTA						X																									

For additional assets and unearned income, use next page

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Reporting Individual's Name
DARDEN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
DARDEN

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: DARDEN, GEORGE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
LTV, E-SYSTEMS; TEXAS		12/12/91	SHARED ROUNDTRIP AIR TRAVEL TO DALLAS	
INSTRUMENTS, & Bell Helicopter		12/13/91	FROM ATLANTA - FOOD & LODGING, DAYS (SELF)	
ROCK-TENN CO.		10/[illegible]/91	ROUNDTRIP AIR TRAVEL TO PALM BEACH, FLA FROM ATL	
		10/26/91	FOR SELF & SPOUSE - 2 DAYS FOOD & LODGING	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
DARDEN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
TRUSTEE	RICHARD B. RUSSELL FOUNDATION
DIRECTOR	COBB COUNTY EMERGENCY AID, INC.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
George (Buddy) Darden	5/15/92

GPO 1991 50-287 (m)

GEORGE (BUDDY) DARDEN
7TH DISTRICT, GEORGIA
COMMITTEES
ARMED SERVICES
DEFENSE POLICY PANEL
SUBCOMMITTEES
RESEARCH AND DEVELOPMENT
INVESTIGATIONS
INTERIOR AND INSULAR AFFAIRS
SUBCOMMITTEES
ENERGY AND THE ENVIRONMENT
NATIONAL PARKS AND PUBLIC LANDS
INSULAR AND INTERNATIONAL AFFAIRS

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515-1007

WASHINGTON OFFICE
228 CANNON BUILDING
WASHINGTON, DC 20515-1007
(202) 226-2931

DISTRICT OFFICES
376 POWDER SPRINGS STREET
MARIETTA, GA 30064-3424
TELEPHONE (404) 422-4480

301 FEDERAL BUILDING
ROME, GA 30161-3144
TELEPHONE (404) 291-7777

109 NORTH MAIN STREET
LAFAYETTE, GA 30728-2908
TELEPHONE (404) 638-7042

May 26, 1992

2
✓
MC

1992 MAY 27

The Honorable Louis Stokes
Chairman
Committee On Standards Of
Official Conduct
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

The enclosed form is respectfully submitted to amend my House of Representatives Financial Disclosure Statement for Calendar Years 1990 and 1991.

The amended page 3 of the 1991 report reflects no income for the three listed stocks or the I.R.A. The I.R.A. listed on this form was also held in calendar year 1990 and should have been listed, under the same conditions, on my 1990 report.

Thank you for your assistance.

Sincerely,

Buddy

George (Buddy) Darden
Member of Congress

GBD:bg

5/26/92 AMENDMENT - 1991

Reporting Individual's Name: DARDEN

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S.C. JT Examples	S	ABC Corporation Stock			X							X									X								X
		George Wash. Credit Union Accounts				X								X									X						
		182 Main Street, Dover, Delaware					X						X									X							
JT		CERTIFICATE of Deposit																											
		BARNETT BANK-MARIETTA			X									X							X								
S		STOCK-WESTSIDE BANK-KENNESAW			X								—						X										
JT		STOCK-ALLATOONA FEDERAL-KENNETH			X								—						X										
JT		STOCK-GEORGIA SECURITY BANK-MARIETTA			X								—						X										
JT		IRA-COBB FEDERAL-MARIETTA				X							N/A																

For additional assets and unearned income, use next page

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Robert W. Davis
(Full Name)

2417 Rayburn HOB, Washington, D.C. 20515 — 202-225-4735
(Mailing Address) — Telephone

Filer Status	[X] Member of the U S House of Representatives	State Michigan District 11	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Michigan Senate Retirement System	pension	16,420.

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Robert W. Davis

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	National Marine Manufacturers Association	speech	5/14/91	1,000.00

Reporting Individual's Name
Robert W. Davis

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X										X						
	182 Main Street, Dover, Delaware					X							X									X								
	Congressional Federal Credit Union		X												X					X										

For additional assets and unearned income, use next page

Reporting Individual's Name
Robert W. Davis

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Robert W. Davis

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	State Bank of Escanaba	personal loan		X					
	Congressional Federal Credit Union	personal loan	X						
	Dykema Gossett	personal debt		X					

Reporting Individual's Name
Robert W. Davis

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Robert W. Davis

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Robert W. Davis	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY -4 PM 3 02

INSIDE MAIL

MC

(Office Use Only)

PETER DeFazio
(Full Name)

1233 LHOB
(Mailing Address)

5-6416
Telephone

Filer Status	[X] Member of the U S House of Representatives	State OR District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. GOVT	SELF SALARY	
	CITY OF EUGENE OREGON	SPOUSE SALARY	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Def 9210

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Northwest Food Processors	Speech	4 May 91	1,000

Reporting Individual's Name: DeFazio

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
S	1934 WALNUT GROVE DECATUR ILL - Land Sale Contract, Residence, J. Jackson Escrow						X													Land Sale Contract			X							
	SOY CAPITAL BANK																													
JT	TREE FARM, 131 ACRES, PARTNERSHIP BEAR VALLEY FARMS, ½ INTEREST, TAX LOT # 713271530, SENECA, GRANT CTY, OR						X						½ Share Value									X								
S	DeFerred Compensation Act - VALIC						X													Tax Deferred Accumulation	X									
S	IRA - VALIC						X													Tax Deferred Accumulation	X									

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DeFazio

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
FERS Deferred Comp Acct	JT				X									X			Tax Def. Accumulation	X										
IRA - SELCO C.U.	JT			X										X			Tax Deferred Accumulation	X										

Reporting Individual's Name: DeFazio

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Vacation Residence 53880 Pine Grove Rd LaPine OREGON	X			2/01/91		X					
	Shared PURCHASE ½ INTEREST											

Reporting Individual's Name: DeFazio

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	American Residential Mortgage	Mortgage on 53880 Pine Grove Rd LaPine OR		X					

Page 1 of 1

Financial Disclosure A-4

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Reporting Individual's Name

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☒

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
N.W. Food Processors Assn,		May 3rd 1991	Room & Meals Salishan Lodge Gleneden Beach OR	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
PARTNER	Bear Valley Farms

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Peter A. Bahrs	1 May 92

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 12 PM 3:28 (8)

HAND DELIVERED

E (Kika) de la Garza
(Full Name)

1401 Longworth House Office Building
(Mailing Address)

Washington, DC 20515
Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 15th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	American Society of Agriculture Consultants	Speech	10-16-91	2000.00
	International Apple Institute	Speech	6/4/91	1000.00
	American Sugarbeet Growers	Speech	1/28/91	1000.00
	American Mushroom Institute	Speech	2/18/91	1000.00
	Chemical Specialities Manufacturing Assn	Speech	4-17-91	500.00
	Savannah Foods & Industries	Speech	4-29-91	2000.00

Reporting Individual's Name
E (Kika) de la Garza

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X									X							
	Wright Patman Federal Credit					X										X							X								
	IRA - Washington Federal					X										X							X								
	County & Municipal Employees Credit Union					X										X							X								
	New York Life					X										X							X								
	Texas Regional BancShares						X																								

For additional assets and unearned income, use next page

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Reporting Individual's Name
E (Kika) de la Garza

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
E (Kika) de la Garza, MC

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: E (Kika) de la Garza, MC

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Texas Grape Growers Assn	9/27-9/29	Roundtrip airfare DC-Austin/2 nights food & lodging	
Monsanto Corporation	9/3-9/4	Airfare McAllen,Tx-St Louis,Mo-DC/1 night food & lodging	
American Mushroom Institute	2/17-2/18	Airfare San Antonio - DC/1 night food & lodging	
Mexican American Grocers	2/27-2/28	Airfare DC-Palm Springs-San Diego-McAllen,Tx	
		1 night food & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
E (Kika) de la Garza, M C

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
University of Tenneseee	4/18	Airfare DC-Nashville-Memphis-DC	
Savanah Foods & Industries	4/29-4/30	Airfare Houston-Savanah-DC/1 night food & lodging	
American Sugarbeet Assn	1/28-1/29	Airfare McAllen,Tx-New Orleans-DC/ 1 night food & lodging	
Miguel Aleman Foundation	8/7-8/8	Reynosa,Mexico-Mexico City-Vera Cruz-Matamoros/ 1 night food & lodging	

Reporting Individual's Name: E (Kika) de la Garza

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
E. de la Garza	May 12, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MY 15 PM 4:49

U.S. HOUSE OF REPRESENTATIVES

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874

ROSA L. DeLAURO
(Full Name)

49 Huntington Street
(Mailing Address)

New Haven, Connecticut 06511
Telephone

Filer Status	X Member of the U.S. House of Representatives	State CT District: 3rd	Officer or Employee	Employing Office:
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

HAND DELIVERED
MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Greenberg-Lake: The Analysis Group, Inc.	Spouse Salary	NA
	Yale University Press	Spouse:Royalties	$89
	New Prospect, Inc. (Princeton, N.J)	Spouse:Royalties	$750

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

ROSA L. DeLAURO

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name
ROSA L. DeLAURO

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X			X					X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
JT	515 2nd St.,NE,Washington,D.C.																														
	Political Properties General Partnership; own 30%								X				See Attmt		X					Rental Income to							X				
JT	Horizon Towers & Executive House (½ of 1 share; own 1.2375 percent)																			partnership not DeLauro											
	New Haven-124 units-5 acres Colonial Executive Lmtd Partnership						X						See Attmt							None	X										
S	Greenberg-Lake,Inc. (150 shares) 515 2nd St., N.E., Washington, D.C.								X				See Attmt							None	X										
	TIAA Pension Plan						X														X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: ROSA L. DeLAURO

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	TIAA - Pension Plan				X														X									
S	Greenberg-Lake: Profit Sharing Plan			X								X								X								
	Following assets in joint name with Louisa DeLauro, my mother, for estate planning purposes only. Assets under control of and all income is reported by joint tenant, Louisa DeLauro: (3)																											
	1. Savings Account-New Haven Savings Bank				X									X								X						
	2. Franklin Federal Tax Free Income			X								X									X							
	3. Dryfus Capital Value Fund			X								X			X						X							
	Ted DeLauro Scholarship Fund			X																								

Reporting Individual's Name

ROSA L. DeLAURO

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
ROSA L. DeLAURO

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
JT	Madison National Bank (Federal Deposit	Mortgage on rental property 515 2nd St., NE, Wash.DC				X			
	Insurance Corporation holds mortgage)								
S	Douglas Sosnik	Personal loan-$16,000 (loan repaid)		X					

Reporting Individual's Name
ROSA L. DeLAURO

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Motor Vehicle Manufacturers Assn.	Apr. 25-26 1991	Roundtrip Air Travel from Wash.DC to Detroit; 1 day food & lodging	
		Purpose: Meetings with auto industry and union officials to discuss U.S. auto industry and trade issues.	
Mid-America Committee	Sept. 20-22 1991	Roundtrip Air Travel from Wash.DC to Chicago; 2 days food & lodging, self and spouse (who paid own travel expenses);	
		Purpose: Visit and observe Chicago's urban enterprise zones and major public works infrastructure and sewage projects.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ROSA L. DeLAURO

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Fellow	Timothy Dwight College, Yale University

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Rosa L. DeLauro	5/15/92

ROSA L. DeLAURO

ATTACHMENTS: BASIS OF VALUATION

Political Properties General Partnership

D.C. Assessed Value = $690,000; 30% share = $207,000
No net income.

Colonial Executive Limited Partnership (ownership share = $1.2375%)

Assessed value $3,045,000 x .012375 share = $37,682 (gross value)
Letter from attorney setting out outstanding mortgage and resale value; net value = 0

Greenberg-Lake, Inc.

Shares value based on net book value of corporation at 12/31/91

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

MAY 15 PM 8 24

(8)

Thomas Dale DeLay
(Full Name)

308 Cannon House Office Building
(Mailing Address)

(202) 225-5951
Telephone

Washington, D.C. 20515

INSIDE MAIL

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 22nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Fairfax County Board of Education	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Thomas Dale DeLay

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Tobacco Institute	Speech	Jan. 16-18, 1991	$2000.00
	National Resturant Association	Speech	Sept. 24, 1991	$2000.00

Reporting Individual's Name
Thomas Dale DeLay

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	Examples: George Wash. Credit Union Accounts				X									X									X					
	Examples: 182 Main Street, Dover, Delaware					X							X									X						
JT	Exxon				X							X										X						
	Albo Pest Control						X					X							X									

For additional assets and unearned income, use next page

Page ___ of ___

Reporting Individual's Name: Thomas Dale DeLay

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [XXX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Thomas Dale DeLay

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE XXX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Financial Disclosure A-4

Reporting Individual's Name: Thomas Dale DeLay

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Kemper Open Golf Tournament	Golf items as participant in Charity Golf Tournament	$200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Example: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Example: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Tobacco Institute	Jan. 16-18 1991	Speech, roundtrip airfare (DC-Palm Springs-DC) food, lodging	
Council for National Policy	Feb. 2, 1991	Speech, roundtrip airfare (Houston-Orange Co., CA-D.C.) food	
Congressional Institute	March 14-16 1991	Roundtrip train to Princeton, NJ, food, 2 nights self-only lodging	
Rhone-Poulenc	June 19-24 1991	Fact finding trip, food and lodging for self and spouse Roundtrip airfare for self and spouse to Paris for 5 days	
Orrin Hatch Golf Tournament	Aug. 10-12 1991	Roundtrip airfare (DC-Salt Lake City-Houston) food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas Dale DeLay

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Texas Pest Control Assoc.	Dec. 4-5 1991	Speech, roundtrip airfare (Houston-Dallas-DC) food and lodging	
Corning Incorporated	Dec. 6-8 1991	Speech, roundtrip airfare (DC-Augusta, GE-DC) food and lodging	
National Center for Policy Analysis	Dec. 11, 1991	Speech, roundtrip airfare (DC-Dallas-Houston) food, no lodging	

Reporting Individual's Name
Thomas Dale DeLay

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Chairman of the Board	Albo Pest Control (not compensated in 1991)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XXXX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tom DeLay	May 14, 1992

GPO: 1991 50-387 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

92 MAY 14 PM 4:27

HAND DELIVERED

MC (Office Use Only)

(Full Name)	RONALD V. DELLUMS
(Mailing Address)	2136 RAYBURN HOB WASHINGTON D.C. 20515
Telephone	(202) 225-2661
Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 8th; [ ] Officer or Employee — Employing Office:
Report Type	[ ] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CONSULTANT BUSINESS	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
RONALD V. DELLUMS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE N/A			

Reporting Individual's Name
RONALD V. DELLUMS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE [X]

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						

For additional assets and unearned income, use next page

Reporting Individual's Name
RONALD V. DELLUMS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	N / A											

Financial Disclosure A-3

Reporting Individual's Name

RONALD V. DELLUMS

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	GREAT WESTERN BANK, OAKLAND CA	COSIGNER TO MORTGAGE OF ADULT				X			
		MARRIED DAUGHTER							
		7336 Willmont Dr., Oakland CA							

Financial Disclosure A-4

Reporting Individual's Name: RONALD V. DELLUMS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
RONALD V. DELLUMS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ronald V. Dellums	May 14, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 1:44

Ron DeLugo
(Full Name)

2238 Rayburn HOB
(Mailing Address)

Washington,DC 20515
Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Virgin Islands District: At Large	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

HAND DELIVERED
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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Ron DeLugo

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Year End Value (X): None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
Example: S	ABC Corporation Stock			X								X									X								X
Example:	George Wash. Credit Union Accounts				X									X									X						
Example:	182 Main Street, Dover, Delaware					X							X									X							
	Apartment 4d2 St.Joseph & Roseh dahl St.Thomas,VI				X								X											X					
	Apartment,922 24th St.NW Wash.DC 20037			X									X								X								
	Fortuna Bay Estates,Stock	X										X								X									
	" " " ,Land						X								X					X									
	Estate Fortuna #3 5 A/C				X										X					X									
	Fortuna Bay Estates,Inc A/C Rec						X								X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Ron DeLugo

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Estate Fortuna Parcel #4-1-60						X																							
(sec.A) Land																													
Vanguard Prime Portfolio		X									X										X								
Strong		X											X						X										
Cong.FCU		X											X							X									
Dyco Petroleum		X									X									X									
Ottley Communications						X					X									X									
Linder Fund (IRA)				X									X											X					
Est.LaReine (land)				X																									
Vanguard Group-Wellington Fund		X																											

900

Reporting Individual's Name
Ron DeLugo

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: Ron DeLugo

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Starr Mortgage,1st American Bank	Mortgage,Silver Spring		X					

Reporting Individual's Name

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [XX]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22.

NONE [XX]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash D C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S C 7342)

Reporting Individual's Name: Ron DeLugo

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Vice Pres.	Fortune Bay Estates, Inc

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ron DeLugo	May 15/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . 14 15:43 (8)

Butler C. Derrick, Jr.
(Full Name)

221 Cannon House Office Building, Washington, DC 20515 202-225-5301
(Mailing Address) Telephone

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State: SC District: 03	Officer or Employee	Employing Office:
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Beverly Derrick, spouse, self employed artist	Artist fees	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Butler C. Derrick, Jr.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	National Association of Realtors	Speech	Jan. 31, 1991	$1000
	Labor Policy Association, Inc.	Speech	Mar. 15. 1991	$2000
	The Connell Company	Speech	Mar. 25, 1991	$2000
	SC Medical Association and SC Dermatological Association	Speech	Apr. 27, 1991	$1000
	SC Textile Manufacturers Association	Speech	May 17, 1991	$1000.

Reporting Individual's Name
Butler C. Derrick, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X									X
	Examples: George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware					X							X									X							
	Business Development Corp., Edgefield, SC (bonds)	X																	X										
	Shares in Douglas and Chamberlain, Inc.				X														X										
	Blocker House, Hwy 25, Edgefield, SC						X												X										

For additional assets and unearned income, use next page

Reporting Individual's Name

Butler C. Derrick, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Blocker House, Hwy 25, Edgefield, SC		X		1/91				X			
	Shares in Douglas and Chamberlain, Inc.		X		10/91	(Note: less than 1,000)						

Reporting Individual's Name
Butler C. Derrick, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	South Carolina National Bank	Personal unsecured note	X						

Financial Disclosure A-4

Reporting Individual's Name
Butler C. Derrick, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Mr. Thomas Stribling, SC	Moving	$300

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Association of Realtors	Jan. 31-Feb. 2	Roundtrip Air Travel (DCA/Houston/San Antonio/DCA), 2 nights lodging, meals, self and spouse	
Labor Policy Association, Inc.	Mar. 14-15	Roundtrip Air Travel (DCA/Newport News/DCA), 1 night lodging, meals, self	
The Connell Company	Mar. 24-27	Oneway Air Travel (DCA/Newark), One Train Travel (NY/DCA), 1 night lodging, meals, self and spouse	
Ensearch Corporation	Mar. 25-27	2 nights lodging, and meals, self and spouse (NY)	
SC Medical Association and SC Dermatological Association	Apr. 25-27	Roundtrip Air Travel (DCA/Charleston/Atlanta), 2 nights lodging, meals, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Butler C. Derrick, Jr.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
SC Textile Manufacturers Association	May 16-17	Roundtrip Air Travel (DCA/Charlotte/Brunswick/Augusta), 1 night lodging, meals, self	
Colonial Companies, Inc. and Colonial Life and Accident Insurance Company	May 9-12	Roundtrip Air Travel (DCA/Sea Island, Ga./DCA), 3 nights lodging, meals, self and spouse	
Chinese Peoples Institute of Foreign Affairs	Aug. 13-27	USIA-Approved cultural exchange;DCA-China and return, meals, lodging, self and spouse	
American President Lines	Aug. 24-26	2 nights lodging and meals in Hong Kong, self and spouse	

Reporting Individual's Name: Butler C. Derrick, Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Director	Douglas and Chamberlain, Inc. (uncompensated)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Butler C. Derrick Jr.	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

NOW DELIVERED

William L. Dickinson
(Full Name)

2406 Rayburn House Office Building
(Mailing Address) Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Spouse - Self Employed -		
	Owner of Clothing Boutique		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
William L. Dickinson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	The Brookings Institution	Speech	April 29, 1991	400
	Association of Old Crows	Speech	October 8, 1991	2,000

Reporting Individual's Name
William L. Dickinson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
	Hallmark Health Corporation (Formerly National Healthcare, Inc. (Common Stk)				X								X							Y										
	Nova Corporation of Alberta Keogh HR-10 Plan 001			X									X							X										X
	American Educators Financial Corporation Common Stock					X							X							X										
	First American Bank, IRA					X										X							X							
	Federated Prime Cash Series, Keogh HR-10 Plan 001					X										X							X							X
	Southtrust Corp. Sub. Capital Notes Keogh HR-10 Plan 001					X										X							X							X

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name
William L. Dickinson

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Federated Prime CAsh Series Keogh HR-10 Plan 002			X										X						X								X
Secor Bank Federal Savings Common Stock, Keogh HR-10 Plan 002			X								X							X									
Comptronix Corporation Common Stock	X										X							X									X
Ccair, Inc. Common Stock		X									X							X									
Federated Government Cash Series			X										X						X								X
Pollux Corporation Capital Stock			X								X							X									
Russell Corporation Common Stock	X										X								X								X
Mobile Telecomm Tech Corp.			X								X							X									X
Residential Rental Property Montgomery, AL					X							X										X					

[redacted] (Form A)

Reporting Individual's Name

William L. Dickinson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	See Attachment #1											

Reporting Individual's Name

William L. Dickinson

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	AmSouth Bank, N.A. Montgomery, AL	Business Loan for Spouse's Business		X					
	Colonial Bank, Montgomery, AL	Unsecured Loan	X						
	Central Bank, Montgomery, AL	Unsecured Loan		X					
	Ben Collier	Business Contingent Liability with Montgomery Joint Venture pursuant to Joint Venture agreement							

Reporting Individual's Name
William L. Dickinson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
William L. Dickinson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
W L Dickinson	May 14 1992

Attachment #1

WILLIAM L. DICKINSON, MEMBER OF CONGRESS
(2nd District, Alabama)
ATTACHMENT TO FINANCIAL DISCLOSURE STATEMENT FOR 1991

Part IV - Transactions:

Identification of Assets	Purchase Sale Exchange	Date	Amount of Transaction
Nova Corporation of Alberta, Keogh HR-10 Plan 001	Sale	3-4-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 001, Redeemed	Sale	3-4-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 001	Purchase	3-5-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 001 1990 Contribution	Purchase	4-15-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 001 Redeemed	Sale	7-24-91	B
Southtrust Corp. Sub. Capital Notes 9.95% Due 6-1-99, Keogh HR-10 Plan 001	Purchase	7-24-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 002, 1990 Contribution	Purchase	4-17-91	B
Russell Corporation, Common Stock	Sale	7-24-91	B
Comptronix Corporation, Common Stock	Sale	7-24-91	B
Federated Government Cash Series	Purchase	7-30-91	C
Federated Government Cash Series, Redeemed	Sale	8-1-91	C
Mobile Telecomm Tech Corp.	Purchase	7-17-91	B

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

For use by Members, officers, and employees

92 MAY 22 PM 2 11

William L. Dickinson
(Full Name)

2406 Rayburn House Office Building
(Mailing Address) Telephone

Washington, DC 20515

9 HAND DELIVERED

MC (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Spouse - Self Employed -		
	Owner of Clothing Boutique		

For payments to charity in lieu of honoraria, use next page

922

Reporting Individual's Name

William L. Dickinson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
The Brookings Institution	Speech	April 29, 1991	400
Association of Old Crows	Speech	October 8, 1991	2,000

Reporting Individual's Name
William L. Dickinson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT — Examples: B — ABC Corporation Stock			X								X									X							X
George Wash. Credit Union Accounts				X									X									X					
182 Main Street, Dover, Delaware					X							X									X						
Hallmark Health Corporation (Formerly National Healthcare, Inc. (Common Stk)		X									X							X									
Nova Corporation of Alberta Keogh HR-10 Plan 001	X										X							X									X
American Educators Financial Corporation Common Stock			X								X							X									
First American Bank, IRA			X										X							X							
Federated Prime Cash Series, Keogh HR-10 Plan 001			X										X							X							X
Southtrust Corp. Sub. Capital Notes Keogh HR-10 Plan 001			X										X							X							X

For additional assets and unearned income, use next page.

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William L. Dickinson

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Federated Prime CAsh Series Keogh HR-10 Plan 002			X									X							X									X
Secor Bank Federal Savings Common Stock, Keogh HR-10 Plan 002			X								X							X										
Comptronix Corporation Common Stock	X										X							X										X
Ccair, Inc. Common Stock		X									X							X										
Federated Government Cash Series			X									X							X									X
Pollux Corporation Capital Stock			X								X							X										
Russell Corporation Common Stock	X										X								X									X
Mobile Telecomm Tech Corp.			X								X							X										X
Residential Rental Property Montgomery, AL (3218 N. Colonial Dr., Montgomery, AL)					X							X										X						

Reporting Individual's Name

William L. Dickinson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	See Attachment #1											

Reporting Individual's Name

William L. Dickinson

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	AmSouth Bank, N.A. Montgomery, AL	Business Loan for Spouse's Business		X					
	Colonial Bank, Montgomery, AL	Unsecured Loan	X						
	Central Bank, Montgomery, AL	Unsecured Loan		X					
	Ben Collier	Business Contingent Liability with Montgomery Joint Venture pursuant to Joint Venture agreement	X						

Reporting Individual's Name
William L. Dickinson

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

William L. Dickinson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N.A. [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): May 22, 1992

GPO 1991 50-287 (m)

Attachment #1

WILLIAM L. DICKINSON, MEMBER OF CONGRESS
(2nd District, Alabama)
ATTACHMENT TO FINANCIAL DISCLOSURE STATEMENT FOR 1991

Part IV - Transactions:

Identification of Assets	Purchase Sale Exchange	Date	Amount of Transaction
Nova Corporation of Alberta, Keogh HR-10 Plan 001	Sale	3-4-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 001, Redeemed	Sale	3-4-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 001	Purchase	3-5-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 001 1990 Contribution	Purchase	4-15-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 001 Redeemed	Sale	7-24-91	B
Southtrust Corp. Sub. Capital Notes 9.95% Due 6-1-99, Keogh HR-10 Plan 001	Purchase	7-24-91	B
Federated Prime Cash Series, Keogh HR-10 Plan 002, 1990 Contribution	Purchase	4-17-91	B
Russell Corporation, Common Stock	Sale	7-24-91	B
Comptronix Corporation, Common Stock	Sale	7-24-91	B
Federated Government Cash Series	Purchase	7-30-91	C
Federated Government Cash Series, Redeemed	Sale	8-1-91	C
Mobile Telecomm Tech Corp.	Purchase	7-17-91	B

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 15 PM 2 15

MAY 15 1992

(Office Use Only)

Norman De Valois Dicks
(Full Name)

6223 30th Street, NW
(Mailing Address)

Telephone

Washington, DC 20015

Filer Status	[x] Member of the U.S. House of Representatives	State: WA District: 6th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Civic Service, Inc	Spouse Salary	NA
	Washington, Inc	Spouse served on panels	$950.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Norman D. Dicks

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X								X								
			182 Main Street, Dover, Delaware					X							X								X									
JT	Merrill Lynch Cash Management Account, Vienna, VA					X								X									X									
JT	Merrill Lynch Municipal Bond Fund, Vienna, VA					X								X			X						X									
JT	Merrill Lynch Basic Value Fund, Vienna, VA					X								X			X						X									
JT	924 Shorewood Drive, Bremerton Washington							X							X											X	(gross income/ net loss)					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Norman D. Ficls

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
	Union Central Life Insurance Co. Cincinnati, O (Annuity)			X														IRA	N/A										
S	Union Central Life Insurance Co. Cincinnati, O (Annuity)			X														IRA	N/A										
	Fidelity Bankers Life Insurance Co., Richmond, VA (Annuity)			X														IRA	N/A										
S	Fidelity Bankers Life Insurance Co., Richmond, VA (Annuity)			X														IRA	N/A										
DC	Security Pacific Bank, Seattle, WA, Bremerton Branch			X										X							X								
DC	Security Pacific Bank, Seattle, WA, Bremerton Branch			X										X							X								

[redacted] (Form A)

Reporting Individual's Name: Norman D. Dicks

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Norman D. Dicks

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Midlantic Home Mortgage Corp., Melville, New York	Mortgage on 924 Shorewood Dr. Bremerton, WA		X					
JT	U.S. Senate Federal Credit Union, Washington, DC	Home equity line of credit		X					

Reporting Individual's Name
Norman D. Dicks

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
US Tobacco Co./Jack Africk Charity Pro-Am	Jan. 4-6, 1991	Roundtrip air travel DC-Ft. Lauderdale, FL-DC, 2 days food & lodging, self & son, substantial participation	
National Assoc. of Broadcasters 1991 Legislative Forum	Jan. 25-28, 1991	Roundtrip air travel DC-Ft. Meyer, FL-DC, 3 days food & lodging, self & spouse, gave speech & attended other working sessions	
Congressional Charity Tennis Tournament	Mar. 1-3, 1991	Roundtrip ground transportation DC-White Sulphur Springs WVA, 2 days meals & lodging, self & spouse, substantial participation	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Norman D. Dicks

Source	Date(s)	Brief Description (itinerary and Nature of Expenses)	Gift (X)
Totem Resources Corp.	Mar. 14-17, 1991	Roundtrip air travel DC-Palm Springs, CA-DC, 3 days food & lodging, self & spouse, addressed Board members	
Electronic Industries Assoc. 1991 Spring Legislative Roundtable	Mar. 27-29, 1991	Air travel Seattle, WA-Ft. Meyer, FL-DC, 2 days food & lodging, panel participant, returned Apr. 1 after continuing stay at own expense.	
Textron, Inc.	May 5, 1991	Roundtrip air travel DC-Boston-DC, one meal, attended briefings, self & son	
Port of Tacoma, WA	June 20-21, 1991	Air travel DC-Los Angeles, CA-Seattle, WA, one day meals & lodging, attended meetings & presentations	
Northrop Corp.	July 4-6, 1991	Air travel Los Angeles, CA-DC, 3 days meals & lodging, attended briefings, meetings & toured facilities, returned July 9 after continuing stay at own expense	
Philip Morris Companies, Inc. Congress, A Look at the 1992 Agenda	Sept. 7-8, 1991	Roundtrip air travel DC-New York-DC, one day meals & lodging, substantial participation in roundtable seminar, self & spouse	

Reporting Individual's Name: Norman D. Dicks

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Norman D. Dicks	May ~~[illegible]~~ 14, 1982

GPO: 1982 O - 80-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] (14)

(Full Name)	John David Dingell
(Mailing Address)	2328 Rayburn House Office Building
	Washington, D.C. 20515
Telephone	202-225-4071
Filer Status	[X] Member of the U.S. House of Representatives — State: Michigan District: 16 — [ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	General Motors Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
John David Dingell

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Goldman, Sachs & Co. (contribution made in 1991)	Speech	Dec. 7, 1990	$2,000
Morgan Stanley & Co. "	Speech	Dec. 7, 1990	$2,000
National Food Processors	Speech	Feb. 7, 1991	$2,000
The Secura Group	Speech	Mar. 6, 1991	$2,000
New York Stock Exchange	Speech	Mar. 7, 1991	$2,000
Vernar, Liipfert, Bernhard, McPherson & Hand	Speech	May 1, 1991	$2,000
Washington Insurance Consortium	Speech	May 8, 1991	$2,000
Investment Company Institute	Speech	May 22, 1991	$1,000
National Issues Forum	Speech	Jul.24, 1991	$1,000
American Council of Life Insurance	Speech	Nov.20, 1991	$2,000
Reed, Smith, Shaw & McClay	Speech	Nov.21, 1991	$2,000
(spouse) Detroit Free Press	Article	Jan. 14, 1991	$50

Reporting Individual's Name
John David Dingell

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	See attached sheets																												

For additional assets and unearned income, use next page

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FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991 John D. Dingell

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 1

Asset	Value	Type	Income amount	Transaction
American Express Daily Dividend Fund (IRA)	B	MFEarnings	I	
Balcor Pension Investments VI (IRA)	B	Interest	I	
Keogh Money Purchase Shearson Lehman Brothers	B	Dividends MFEarnings Cap.gains	I	
Keogh Profit Sharing Shearson Lehman Brothers	C	Dividends MFEarnings Cap.gains	II	
(S) Gabelli Value Fund Inc (IRA)	B	Dividends	I	
Nicholas Fund, Inc. (IRA)	C	Dividends Cap.gains	III	
(JT) Acorn Fund (Pension Plan)	B	Dividends Cap.gains	II	
(JT) Evergreen Funds (Pension Plan)	B	Dividends	II	
(JT) American Express Govt and Agencies Fund (Pension Plan)	B	Dividends	II	
(JT) Alliance New Europe Fund Inc (Pension Plan)	B	Dividends	I	
(JT) Allied Capital Corporation II (Pension Plan)	B	Dividends	II	
(JT) Figgie Intl Inc Cl A (Pension Plan)	B	Dividends	I	
(JT) Gabelli Equity Trust (Pension Plan)	B	Dividends Cap.gains	III	
(JT) TCW Conv Secs Fd Inc (Pension Plan)	B	Dividends	II	

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991 John D. Dingell

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 2

Asset	Value	Type	Income amount	Transaction
(JT) Templeton Value Fd (Pension Plan)	B	Dividends	II	
(JT) Zweig Total Return Fund Inc (Pension Plan)	B	Dividends	II	
(JT) General Electric Cap Corp Nts (Pension Plan)	None	Interest	II	Sale (full call)
(JT)General Motors Accept Corp (Pension Plan)	B	Interest	II	
(JT)American Express Credit Corp (Pension Plan)	B	Interest	II	
(JT)National Rural Utilities Corp (Pension Plan)	B	Interest	II	
(JT)Sears Cr Account Tr (Pension Plan)	B	Interest	II	
(JT)Shearson Lehman Brothers 1990s Fund (Pension Plan)	B		none	
(JT)America First Financial 88 LP (Pension Plan	none	Interest	II	
America First Finl Fund 1987-A Ltd Partnership Ben Unit Ctf (Pension Plan)	B	Dividends	I	Purchase
(JT)Boeing Co (Pension Plan)	B	Dividends	I	Purchase
(JT)E I Du Pont DE Nemours & Co (Pension Plan)	B	Dividends	I	Purchase
(JT) GTE Corp (Pension Plan)	B	Dividends	I	Purchase
(JT) Intl Business Machines Corp (Pension Plan)	B	Dividends	I	Purchase
(JT) Morgan J.P. & Co Inc Zero Cpn (Pension Plan)	B			Purchase
(JT) Hyperion Govt Mtg Tr (Pension Plan)	B	Dividends	II	Purchase

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991 John D. Dingell

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 3

Asset	Value	Type	Income amount	Transaction
First American Bank	D	Interest	V	
National Bank of Detroit	C	Interest	II	
(JT) Oppenheimer Money Market Fund	B	Dividends	II	
Mobil Stocks	B	Dividends	I	
Mobil Bonds	A	Interest	I	
Woolworth Corporation	B	Dividends	II	
Quantum Chemical Corp. Stock	B		none	
Selected American Shares	B	Dividends	I	
Shearson Lehman Brothers Govt & Agencies Fund	B	Dividends	I	
American Express Daily Dividend Fund	A	Dividends	I	
Shearson Lehman Brothers Agressive Growth Fund	B	Dividends Cap. gains	II	
(S) American Express Daily Dividend Fund	A	Dividends	I	
(S) Crystal Brands Inc	A	Dividends	I	
(S) General Electric Co.	B	Dividends	I	
(S) General Mills Inc.	B	Dividends	II	
(S) General Motors Corp.	E	Dividends	V	
(S) General Motors CorpClE	B	Dividends	II	
(S) General Motors CorpClH	A	Dividends	II	
(S) K Mart Corp.	B	Dividends	I	
(S) Marsh & McLennan CosInc	B	Dividends	II	

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991 John D. Dingell

PARTS II and III - ASSETS AND "UNEARNED" INCOME Page 4

Asset	Value	Type	Income amount	Transaction
(S) Pepsico Inc-North Carolina	C	Dividends	II	
(S) Procter & Gamble	B	Dividends	I	
(S) Union Carbide Corp	B	Dividends	I	
(S) Unisys Corp	A		none	
U.S. Series H-Bonds	B	Interest	I	
Municipal Bonds Oakland County, MI	B	Interest	II	
(JT) Congressional Federal Credit Union	B	Interest	II	
(S) General Motors Deferred Savings Program	E			
(S) General Motors Pension	N/A as pension is vested. No actual value can be fixed.			

Reporting Individual's Name
John David Dingell

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	See attached sheet											

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

PART IV -- TRANSACTIONS

John D. Dingell

Asset	Type	Date	Amount
General Elec Cap Corp Nts	Sale (full call)	7-3-91	B
America First Financial 88 LP	Sale (liquidated)	7-8-91	B
America First Finl Fund 1987-A Ltd Partnership Ben Unit Ctf	Bought	9-30-91	B
Boeing Co	Bought	9-30-91	B
E I DuPont De Nemours & Co	Bought	6-14-91	B
GTE Corp	Bought	4-19-91	B
Hyperion Govt Mtg Tr Ranieri Adj rate US Govt Fund	Bought	4-19-91	B
Intl Business Machines Corp	Bought	9-30-91	B
Morgan J.P. & Co Inc Zero Cpn Sub notes	Bought	6-14-91	B
Morgan J.P. & Co Inc Zero Cpn Sub notes	Bought	6-27-91	B

Reporting Individual's Name
John David Dingell

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
John David Dingell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
See attached sheets				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991 John D. Dingell Page 1

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Source	Date(s)	Description
Electronic Industries Assn.	Mar.22 & 25-28	Air travel from Washington, D.C. to West Palm Beach, Florida on Mar. 22, and from Captival Island, Florida to Washington, D.C. on Mar. 28; 3 days food & lodging, self & spouse (Mar. 25-28). Conference participants, self & spouse.
Florida Power & Light	Mar. 22	One day lodging self & spouse Palm Beach, Florida & one way air travel from West Palm Beach to Captiva Island, Florida on Mar. 25, self & spouse. Tour plant (Mar. 22) & meet with executives (Mar. 25).
Interstate Natural Gas Assn. of America	Mar. 23	One day lodging self & spouse Palm Beach, Florida & roundtrip air travel from West Palm Beach to Turnberry Isle, self. Conference speaker.
Nonprescription Drug Manufacturers Assn.	Mar. 24	One day lodging self & spouse Palm Beach, Florida. Conference speaker & participant.
National Rifle Assn.	Apr.14-15	Roundtrip air travel from Washington, D.C. to San Antonio, Texas & one day lodging, speak to membership at NRA Board meeting.
Motor Vehicle Manufacturers Assn.	Apr.25-26	One way air travel from Washington, D.C. to Detroit, Michigan, & one day lodging, auto industry fact finding trip.
Greater Detroit Chamber of Commerce	May 30-Jun 1	Roundtrip air travel from Detroit, Mich., to Mackinac Island, Mich., 3 days food & lodging, self & spouse. Conference speaker, and both self and spouse conference participants.

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Source	Date(s)	Description
Hallmark Cards, Inc.	July 1	One way air travel from Detroit, Mich. to Kansas City, Missouri, self, speech.
Irby Foundation	Oct. 5	Roundtrip air travel from Washington, D.C. to Houston, Texas. Celebrity participant in charity fundraiser.

Reporting Individual's Name
John David Dingell

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Board Member	National Rifle Association

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [X] No [ ] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John D. Dingell

DATE (Month, Day, Year): May 14, 1992

GPO: 1991 50-367 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 15 ... 91

(7)

JULIAN C. DIXON
(Full Name)

2400 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515 — Telephone (202) 225-7084

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State CA District 28th	☐ Officer or Employee	Employing Office
Report Type	X Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mir Kanon/Peideau, Inc., Los Angeles, CA	Spouse Salary/ Director Fees	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
JULIAN C. DIXON

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
	Queen City Bank Long Beach, CA Savings				X										X						X									
	Industrial Bank of Wash., DC				X								X									X								
S	Mir Kanon/Peideau, Inc. - 8.6% Int.								X			(Good faith est. based on dividends)	X															X		X
	Merrill Lynch Money Mkt. (Cash Acct)						X								X										X					
	IRA-MLPFS-self (not self directed)					X							X									X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JULIAN C. DIXON

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	IRA-MLPFS-spouse (not self directed)				X							X									X								
	Queen City Bank - shares				X														X										
S	Much Ado About Something (interest in business)					X													X										
	1299 Delaware Ave,SW,Wash.DC						X						X											X					
	Fidelity Fed. Bank CDs (Culver City, CA)			X										X									X						
	5 rare coins			X															X										X
	Concessions Int'l, Miami, Fla			X							(Good faith est.)								X										X

[redacted] (Form A)

Reporting Individual's Name
JULIAN C. DIXON

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Mir Kanon/Peideau, Inc. stock	X			1/24/91	X						
	Concessions Int'l, Miami, Fla. stock	X			11/1/91	X						
	5 rare coins			X	6/7/91	X						

Reporting Individual's Name

JULIAN C. DIXON

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Prudential Savings FSB	Mortgage on 1299 Delaware Ave., SW, Washington, DC				X			

Reporting Individual's Name: JULIAN C. DIXON

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JULIAN C. DIXON

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Vice President	Much Ado About Something, Inc.
President (spouse)	Much Ado About Something, Inc.
Chief Operating Officer (spouse)	Air Kanon/Peideau, Inc.
President (spouse)	Concessions Int'l, Miami, Fla.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Julian C. Dixon

DATE (Month, Day, Year): 5/15/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 1:46

HAND DELIVERED

BRIAN J. DONNELLY
(Full Name)

59 Clearwater Drive, Dorchester, MA 02126
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 11	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

960

Reporting Individual's Name

Congressman Brian Donnelly

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	CAMPBELL-RAUPE, INC., Washington, DC	speech	7/6/91	2,000.00

Reporting Individual's Name
Congressman Brian Donnelly

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X							X
	George Wash. Credit Union Accounts				X									X					
	182 Main Street, Dover, Delaware					X							X						
JT	Workingmen's Co-Operative Bank		X											X					
	Boston, MA																		
	Congressional Federal Credit Union				X														
	Washington, DC													X					

	BLOCK C Income: Category of Amount of Income (X)									
	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000
S, DC, JT				X						
					X					
				X						
JT		X								
				X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Brian Donnelly

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Lehamn Brothers Capital Fund (IRA)		X											X						X									
JT	real property - Morton St. Monroe, FL						X												X										
JT	Workingmen's Co-Operative Bank Boston, MA (stock)			X															X										

[redacted] (Form A)

Reporting Individual's Name

Congressman Brian Donnelly

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Congressman Brian Donnelly

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Workingmen's Co-Operative Bank, Boston, MA	mortgage: 59 Clearwater Dr.				X			
		Dorchester, MA							

Reporting Individual's Name: Congressman Brian Donnelly

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name
Congressman Brian Donnelly

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Trustee	Curry College, Milton, Massachusetts (uncompensated)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
B. J. Donnelly	May 15, 1992

968

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

CALVIN MILLARD DOOLEY
(Full Name)

1303 SOUTH 24TH STREET
(Mailing Address)

ARLINGTON, CA 22202

Telephone: (202)225-3341

HAND DELIVERED

MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 17	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Arlington County Public Schools	Spouse salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

CALVIN M. DOOLEY

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	The Wine Institute	Speech	June 11, 1991	$1,000

Reporting Individual's Name

CALVIN M. DOOLEY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
DFP = Dooley Farms Partnership				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
	DFP 1 (dissolved in 1991)			X																											
	DFP 2 (including land, equipment, crops and leased improvements on 120 acres in Visalia and Tulare)								X											Farm income		X(net)					X(gross)				
	1/3 interest in 98 acres, Webb Ranch, McAuliffe Ave, transferred from DFP 1 12/31/91										X									Combined with farm income listed above											
	80 acres (1/2 interest), Tulare County, Road 52 (073-140-07)			X													X											X			X

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CALVIN M. DOOLEY

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DFP 1 McAuliffe and Walnut (22 acres)	X													X											X		X
Dooley for Congress				X														X									
Bank of America (savings and checking accounts)						X							X										X				
Congressional Federal credit union					X								X							X							
DFP 2				X														X									
CalCot Limited (transferred from DFP 1, 12/31/91)			X														Combined with farm income listed above										
County Line Gin (Transferred from DFP 1, 12/31/91)			X														"										
Diamond Walnuts			X														"										
City of Visalia installment sale note (transferred from DFP 1)					X								X										X				

Reporting Individual's Name

CALVIN M. DOOLEY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 +
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	DFP 1: Tulare County (073-140-07)		X		05-06-91				X			
	DFP 1: McAuliffe & Walnut		X		01-23-91				X			
	DFP 1 transferred the 1/3 interest in the land, equipment, crops, cash and leased improvements in 120 acres in Visalia and Tulare in exchange for partnership interest			X	01-01-91							
	DFP 1 was dissolved and assets transferred in their prorata share to the individual partners of the partnership (including CalCot Limited, County Line Gin, Diamond Walnuts, and the 98 acres at Webb Ranch & McAuliffe listed on previous pages)			X	12-31-91			X				
	(Dooley Farms Partnership was replaced in 1991 by two new partnerships -- DFP 1 and DFP 2. Assets of old DFP were then held by DFP 1 and DFP 2. DFP 1 was subsequently dissolved.)											

Reporting Individual's Name

CALVIN M. DOOLEY

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Security Pacific	Mortgage on McAuliffe & Walnut				X			
	Security Pacific	Crop loan. Paid off 12/90.			X				
	General Motors Acceptance Corporation	DFP 2 -- truck loan.	X						
	John Deere	DFP 2 -- tractor loan.		X					

Reporting Individual's Name
CALVIN M. DOOLEY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
United Fresh Fruit and Vegetable		1/31-2/3 1991	Roundtrip air from DC to California (DC to Fresno & ~~LA to DC), car rental, and one day food and lodging~~ for a one-day speech. Remaining days at own expense.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
CALVIN M. DOOLEY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Partner	DFP 1 (1/3 interest)
Partner	DFP 2 (40% interest)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Calvin Dooley	May 15, 1992

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 AM 10 06

HAND DELIVERED

JOHN TAYLOR DOOLITTLE
(Full Name)

1524 Longworth HOB, Washington, DC 20515 — 202-225-2511
(Mailing Address) — Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 14th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [XX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
John T. Doolittle

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	California Cable Television Association, Oakland, CA	Speech	8/9/91	$1,000
	California Cable Television Association, Oakland, CA	Speech	11/22/91	$1,500

Reporting Individual's Name: John T. Doolittle

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT Examples: S ABC Corporation Stock			X								X									X							X
George Wash. Credit Union Accounts				X									X									X					
182 Main Street, Dover, Delaware					X							X									X						
formerly Microlog Corp. (Genesis Electronics)		X																		X							
Legislative Retirement System				X														X									
American Funds Group (IRA's)			X									N/A															X
APN #54-151-31 (Nevada County) ~~(Promissory note)~~				X							(note payments)											X					
APN #54-151-34 (Nevada County)					X																						
House at 4601 Ryan Court Rocklin, CA 95677	X													X												X	X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John T. Doolittle

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	APN 54-151-34 (Water Rights)			X																									X
	Wells Fargo Bank (Savings)	X												X							X								
	Congressional Credit Union (Savings)			X										X						X									
	APN 54-151-33 (water rights)			X											X						X								X

[redacted] (Form A)

Reporting Individual's Name
John T. Doolittle

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	American Funds Group (IRA's)	X			5-2-91	X						
	House 4601 Ryan Court, Rocklin, CA 95677		X		5-31-91				X			
	APN 54-151-34 (Purchase of Water Rights)	X			3-1-91	X						
	APN 54-151-33 (Sale of Water Rights)		X		3-11-91	X						

Reporting Individual's Name
John T. Doolittle

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 16.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	MBNA America, Wilmington, DE	Personal Credit	X						
	Wells Fargo Bank, Sacramento, CA	Personal Credit	X						

Reporting Individual's Name
John T. Doolittle

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Dr. Bruce Winters, Roseville, CA	Contact lenses	$150

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
CA Cable Television Association	11/21/91 - 11/24/91	Air travel from Washington to Burbank to Sacramento and back to Washington and 1 nights lodging. (additional days at own expense)	
Congressional Institute, Inc.	11/2/91 11/3/91	Transportation, lodging and meals.	
Congressional Institute, Inc.	3/14/91-3/16/91	Housing and meals.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John T. Doolittle

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Partner	J-T Investments (no income in 1991)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John T. Doolittle	5/15/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(B) 92 : 15 PM 2 17

Byron Leslie Dorgan
(Full Name)

1431 McLean Mews Court — 703-827-0479
(Mailing Address) — Telephone

McLean, Virginia 22101

Filer Status: [X] Member of the U.S. House of Representatives — State: North Dakota District: At Large — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
SPOUSE--Kimberly. Self-employed; does work for two nonprofit organizations--National Captioning Institute (NCI), an organization working with the deaf and hard of hearing, and the Association of Public Television Stations (APTS). For both organizations, she performs writing projects, plans and organizes meetings and strategy for outreach, and does public affairs work. She is registered to perform some lobbying work, and spends less than 10 percent of her time on legislative issues. By agreement, she does not contact me, my office, or those serving with me on committees in Congress in any work she does on behalf of these two nonprofit groups.			N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Byron Leslie Dorgan

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
None				

Reporting Individual's Name
Byron Leslie Dorgan

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you **may list only year** end value and indicate "NA" for income.

In **BLOCK D** indicate if the **asset was purchased**, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X								X									X								X
George Wash. Credit Union Accounts					X									X									X						
182 Main Street, Dover, Delaware						X							X									X							
Congressional Federal Credit Union				X							$2,560	X								X									
Capital Credit Union, Bismarck, ND				X							$6,247	X								X									
S&S Apartments (8-plex), Bismarck, ND			*Frontier Apartments has a $170,403 mortgage, and S&S Apartments																										
Frontier Apts. (11-unit), Bismarck, ND			has a $152,122 mortgage plus a $16,854 loan. The estimated																										
			market value for Frontier Apartments is $230,000 and for S&S																										
			Apartments it is $215,000. That leaves a net equity of $39,600																										
			(continued on page A-2(a))																										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Byron Leslie Dorgan

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
(continued from page A-2)	for Frontier Apartments and a net equity of $46,500 for S&S Apartments. The gross income from the two apartments was $81,188.00, and the expenses were $74,679, leaving a net income of $6,508 for calendar year 1991.																										
Piper, Jaffray & Hopwood SEP IRA (for self and spouse)					X ($106,063)																						
Treasury Bonds ($46,580)													X					X									
Stocks: Nordstrom ($12,708)											X							X									
United T.V. ($2,940)											X							X									
Mutual Funds:																											
Templeton Fund ($4,168)											X							X									
Nicholas Fund ($13,767)											X								X								
Evergreen Fund ($6,810)											X							X									
Royce Fund ($6,240)											X							X									
Income Fund of America ($12,850)											X							X									

[redacted] (Form A)

Reporting Individual's Name

Byron Leslie Dorgan

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	U.S. Treasury Bond for SEP IRA	X			4-15-91	X						
	SuperValu		X		7-05-91	X						

Reporting Individual's Name
Byron Leslie Dorgan

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Northwestern Federal Savings & Loan Bismarck, North Dakota	Mortgage on Frontier Apartments 113 West Interstate Avenue, Bismarck		Note: see statement of					
	Metropolitan Federal Savings Bank Bismarck, North Dakota	Loan on S&S Apartments 1001 East Central Avenue, Bismarck		liabilities for these					
	Metropolitan Federal Savings Bank Bismarck, North Dakota	Mortgage on S&S Apartments 1001 East Central Avenue, Bismarck		buildings under Parts II and III--Assets and "Unearned" Income					

Reporting Individual's Name
Byron Leslie Dorgan

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
Kemper Open Pro Am	Gift Bag (sweater, etc.) to Pro Am golf contestants	$190
Jack Africk Charity Tennis Tournament	Won drawing at banquet for two roundtrip air tickets, DC to West Coast (random prize; all attendees eligible to win; not subject to gift limit per advice of House Standards Committee).	*

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Farmers Union Convention	Mar 4, 91	Train trip, DC to Philadelphia & return, speech	
America West Co.	Jun 2-3 91	DC to Tempe, Arizona, & return. Meet with airline executives re transportation issues.	
Jack Africk Charity Tennis Tournament	Jan 4-6 91	Charity tennis tournament, roundtrip plus 2 nights lodging for self & wife. Boca Raton, Florida	
Futures Industry Annual Meeting	Mar 15-16	Speech to trade association, roundtrip plus 2 nights lodging for self & wife. Boca Raton, Florida	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: Byron Leslie Dorgan

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C app 6, §104 and 18 U S C §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Byron L. Dorgan	May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 15 PM 3 14

(7)

Robert K. Dornan
(Full Name)

301 Cannon House Office Building
(Mailing Address)

Telephone

Washington, D.C. 20515 202/225-2965

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State CA District: 38th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Robert K. Dorman

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500

Reporting Individual's Name
Robert K. Dornan

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☒

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Robert K. Doman

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - over
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Robert K. Dorman

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Robert K. Dornan

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☒

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Cardinal Mindszenty Foundation		Oct.18-19,1991	RT Air Wash. D.C. to Ft.Lauderdale,one day food & lodging self and spouse. Rtrnd 10/21 after travel at own expense.	
The Christian Coalition		Nov. 15, 1991	RT Air Wash. D.C. to Norfolk, VA self	
Fluor Daniel, Inc.		Mar.13-16,1991	RT Air Andrews AFB/Bahrain/Kuwait/Andrews 2 nights lodging self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Robert K. Dorman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Board Member	Hope Springs Farm for Children

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert K. Dorman

DATE (Month, Day, Year): May 14, 1992

GPO 1991 50-267 (m)

ROBERT K. DORNAN
38TH DISTRICT, CALIFORNIA

PERMANENT SELECT
COMMITTEE ON INTELLIGENCE

ARMED SERVICES COMMITTEE

SUBCOMMITTEES
SEAPOWER AND STRATEGIC MATERIALS
RESEARCH AND DEVELOPMENT

SELECT COMMITTEE ON
NARCOTICS ABUSE AND CONTROL

PERMANENT OBSERVER TO
GENEVA ARMS CONTROL
NEGOTIATIONS

HAND DELIVERED

92 MAY 22 AM 9:42

Congress of the United States
House of Representatives

CHAIRMAN
BSC TASK FORCE ON
FOREIGN AFFAIRS AND DEFENSE

EXECUTIVE COMMITTEE
HOUSE REPUBLICAN RESEARCH
COMMITTEE

TASK FORCES
TAX POLICY AND
JOB OPPORTUNITIES
STRATEGIC DEFENSE INITIATIVE
INTERNATIONAL NARCOTICS CONTROL
TERRORISM
CIVIL RIGHTS
AMERICANS MISSING IN ACTION

HISPANIC CAUCUS
HUMAN RIGHTS CAUCUS

May 21, 1992

(2)

NC

Mr. Donnald K. Anderson
Clerk of the House
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Anderson:

The attached will amend my 1991 Financial Disclosure.

Best regards,

Bob Dornan

Robert K. Dornan
U.S. Congressman

WASHINGTON, DC OFFICE: 301 CANNON HOUSE OFFICE BUILDING, WASHINGTON, DC 20515 (202) 225-2965
DISTRICT OFFICE: 300 PLAZA ALICANTE, SUITE 380, GARDEN GROVE, CA 92640 (714) 971-9292

Reporting Individual's Name
Robert K. Dornan

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Board Member	Hope Springs Farm for Children

PART IX – AGREEMENTS

Identify the date, parties to and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Robert K. Dornan	May 20, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
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INSIDE MAIL

MC

(Office Use Only)

THOMAS J. DOWNEY
(Full Name)

155 Cedar Street
(Mailing Address)

Amityville, New York 11701

Telephone: 516 598 0615

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: 2	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Spouse salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
THOMAS J. DOWNEY

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
Chocolate Manufacturers Association	speech	April 23, 1991	$1500
Computer and Business Equipment Manufacturing Association	speech	April 24, 1991	$2000
American Watch Association	speech	May 16, 1991	$2000

Reporting Individual's Name
THOMAS, J. DOWNEY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X								X						
			182 Main Street, Dover, Delaware				X							X								X							
	House 323 D Street SE, Washington						X							X									X						
	House (partial) 155 Cedar Street Amityville, NY					X								X									X						
	US Savings Bonds				X										X							X							X
	Citibank Keogh Account				X														NA				X						
	Resources Trust (2 IRA's)			X									X								X								

For additional assets and unearned income, use next page

Reporting Individual's Name: THOMAS J. DOWNEY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	U.S. Savings Bonds		x		1/90- 4/90	x						

Reporting Individual's Name
THOMAS J. DOWNEY

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Crossland Mortgage Corporation	mortgage on rental properties				x			
	Bank of New York	home equity line of credit		x					

Reporting Individual's Name: THOMAS J. DOWNEY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Center on Budget & Policy Priorities		Mar 25, 91	Roundtrip Air Travel from Washington, DC - Altanta GA	
NYS Consortium for Human Resources and Finance Policy		May 10, 91	Air Travel Washington DC - Syracuse NY - New York City	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name: THOMAS J. DOWNEY

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Chairman	Advisory Board, National Family Friends Center
Member	Cornell University Council
Member	Advisory Board, National Council of Jewish Women Center for the Child

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] N.A. [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N.A. [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): May 13, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

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(9)

HON. DAVID DREIER, M.C.
(Full Name)

Room 411, Cannon House Office Building
(Mailing Address)

Washington, DC 20515
Telephone

HAND DELIVERED

Filer Status	XX Member of the U.S. House of Representatives	State: California District: 33rd	Officer or Employee	Employing Office:
Report Type	XX Annual (May 15)	Amendment	Termination	Termination Date:

mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE XXX

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
None			

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Hon. David Dreier, M.C.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
The Tobacco Institute	Speech	Jan. 19, 1991	$2,000
CAUSA International	Speech	Feb. 19, 1991	2,000
Mexican American Grocers Association	Speech	Feb. 23, 1991	2,000
The Secura Group	Speech	March 7, 1991	1,000
Western States Soft Drink Association	Speech	May 6, 1991	1,000
American Bankers Association	Speech	Oct. 6, 1991	2,000

Reporting Individual's Name
Hon. David Dreier, M.C.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
		Roseville Telephone Co.- Stock				X							X									X									
		IBM Corporation - Stock				X							X										X								
		Seafield Capital Corp.(formerly BMA Corporation)- Stock				X							X										X								
		Muni.Invest.Trust-13th Cal.Ser.				X									X									X							
		Muni.Invest.Trust-16th Cal.Ser.				X									X									X							
		C.D.-Wright Patman Cong.F.C.U.	X												X						X										X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. David Dreier, M.C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	C.D.-Wright Patman Cong. F.C.U.	X												X							X							X
	Interest-earning checking account Wright Patman Cong. F.C.U.					X								X					X									
	IRA Plan - Calvert Group			X								X								X								
	Pension Plan - 1st American Bank			X								X									X							
	Merrill Lynch Cash Man. Acc't.		X									X									X							
	1st American Bank of Wash.-M.M.			X										X							X							
	California State Bank - M.M.		X											X							X							
	C.D. - California State Bank				X									X								X						
	C.D. - California State Bank					X																X						
	C.D. - The Southgate Bank			X										X							X							
	Ford Motor Co. - Stock		X									X								X								
	The Oklahoma Pub. Co. - Stock				X							X									X							
	Borden Chem. & Plastics - Stock			X								X		X								X						
	Ross Stores, Inc. - Stock		X																									
	Property in Rancho Mirage, CA-25% Ownership			X									X					X										

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. David Dreier, M.C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Watches & More, Inc.- 50% ownership			X								X							X										
	Dodge & Cox Funds - Stocks				X							X										X							
	Mass Mutual Life Ins. Co.										Life Ins.			X						X									
	1st Interstate Bank of Cal.		X											X						X									
	N.B. Clearing Corporation-Cash		X									X								X									
	Hambrecht & Quist - Cash		X											X							X								
	CareNetwork, Inc. - Stock	X													X						X								X
	1st Commercial Bancorp - Stock	X													X						X								X
	1st Interstate Bancorp - Stock	X													X				X										X
	Adac Labs - Stock	X													X				X										X
	Lancaster Capital Corporation				X										X						X								X
	Gaylord Entertainment Company				X							X								X									X

Reporting Individual's Name
Hon. David Dreier, M.C.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	C.D. - Wright Patman Cong. Federal Credit Union	Cashed		In	11/27/91	X						
	C.D. - Wright Patman Cong. Federal Credit Union	Cashed		In	11/27/91		X					
	CareNetwork, Inc. - Stock		X		4/8/91	X						
	1st Commercial Bancorp - Stock		X		7/30/91	X						
	1st Interstate BAncorp - Stock		X		7/30/91	X						
	Adac Labs - Stock		X		7/30/91	X						
	Gaylord Entertainment Company	X			10/24/91		X					
	Lancaster Capital Corporation	X			9/17/91		X					

Reporting Individual's Name

Hon. David Dreier, M.C.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [XXXX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

1014

Reporting Individual's Name
Hon. David Dreier, M.C.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XXX]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Bankers Association		Oct 5-6, 1991	Round-trip air travel - Washington, DC/San Francisco/ Washington, DC - One night lodging and food	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Hon. David Dreier, M.C.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Vice-President	Dreier Development Company
Co-Chairman of Board	Los Angeles Committee for the Homeless (Los Angeles Mission)
Chairman of The Board	The David Dreier Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes ☐ No XX NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA XXX

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
May 14, 1992

GPO: 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAR 15 PM 4:32

HONORABLE JOHN J. DUNCAN, JR.
(Full Name)

832 Andover Blvd., Andover Place
(Mailing Address)

Telephone: (615) 675-4436

Knoxville, TN 37922

Filer Status	X Member of the U.S. House of Representatives	State: TN District: 2nd	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
NONE			

For payments to charity in lieu of honoraria, use next page

1017

Reporting Individual's Name
JOHN J. DUNCAN, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Bicycle Manufacturers Assn. of America, Inc.	Speech	March 4, 1991	$1,000
	TENNESSEE BANKERS ASSOCIATION, Independent Bankers Div.	SPEECH	Dec. 5, 1991	$750

Reporting Individual's Name

JOHN L. DUNCAN, JR.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST*	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples.	S	ABC Corporation Stock			X								X								X										X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	SHONEY'S, INC. (STOCK)					X								X								X										
	CRACKER BARRELL (STOCK)						X							X								X										X
	AMERICAN SECURITY BANK (SAVINGS)					X										X							X									X
	BARNETT BANK (IRA)(SAVINGS)					X										X					NA											
	BOEHMLER TRUST (trust assets unknown to filer see part X)																			trust income												
	BANK OF E. TN (IRA)(SAVINGS)						X									X					NA											

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JOHN J. DUNCAN, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	COLONIAL COS INC. (STOCK)			X								X							X									X
DC	BOB EVANS (STOCK)			X								X							X									
	BOB EVANS (STOCK)			X								X							X									
DC	BAXTER TRAVENOL (STOCK)			X								X							X									
	EQUIPMENT LEASING (CD)			X										X					X									X
	KENTUCKY MEDICAL (stock)			X								X						X										X
	STATE OF TENNESSEE - Pension			X										X				NA										

[redacted] (Form A)

Reporting Individual's Name

JOHN J. DUNCAN, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-[illegible]			X				
	CRACKER BARRELL (STOCK) 100 shares	X			11/15/91	X						
	COLONIAL COMPANIES, INC. (STOCK) 150 shares	X			10/30/91	X						
	KENTUCKY MEDICAL, INC. (STOCK) 150 shares	X			10/30/91	X						
	EQUIPMENT LEASING (CD)	X			9/18/91	X						
	TAX FREE MUNICIPAL BOND - MET GOVT NASHVLE DAVIDSN TN		X		8/19/91	X						

Reporting Individual's Name

JOHN J. DUNCAN, JR.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del.				X			
	NONE								

Reporting Individual's Name
JOHN J. DUNCAN, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [x]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
BICYCLE MANUFACTURERS ASSN. OF AM.	3/3-3/5/91	Airfare from Knoxville, TN to Phoenix & return to Wash. D.C.	
		two days food & lodging for self & spouse	X
CONGR. CHARITY GOLF TOURNAMENT	9/6/-9/8/9	Two nights lodging & food for self & spouse in White Sulphur Springs, WV:	
(proceeds to go to Children's Inn at	National Institute of Health)		X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: JOHN J. DUNCAN, JR.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [X] No [ ] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John J. Duncan Jr.	5/15/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

30

Richard J. Durbin
(Full Name)

129 Cannon House Office Building — 202-225-5271
(Mailing Address) — Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 20	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	salary	122,725
	State of Illinois	spouse salary	32,608

For payments to charity in lieu of honoraria, use next page

1025

Reporting Individual's Name

Richard J. Durbin

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	Chicago Board of Trade (donated to Christian Jay Porter Scholarship Fund) Springfield College in Illinois	speech	July 5, 1991	1,500
	Chicago Mercantile (donated to Mini-O'Beirne Crisis Nursery) Springfield, Illinois	speech	Aug. 7, 1991	1,500
	Connell Rice and Sugar (donated to Mini-O'Beirne Crisis Nursery) Springfield, Illinois	speech	Dec. 31, 1991	2,000

Reporting Individual's Name
Richard J. Durbin

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X						X								X								X
			George Wash. Credit Union Accounts				X							X								X						
			182 Main Street, Dover, Delaware					X					X								X							
	Fidelity - IRA-RJD- $15,650.96					X																						
S	Fidelity - IRA - LMD 15,741.96					X																						
	Twentieth Century-Keogh-RJD 35,719.13					X																						
	Templeton-IRA-RJD- 15,419.40					X																						
	Merrill-Lynch-MMA-RJD 3,223.36				X																							
	A.G.Edwards-IRA-RJD 1,310.02				X																							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Richard J. Durbin

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Merrill-Lynch-IRA-RJD 4,312.99			X																									
S	Merrill-Lynch-IRA-LMD 6,517.43			X																									
JT	Hadson Corp (wt 95 sh)	X																											
JT	Hadson Petroleum Note ($660 @9 3/4%)		X																										
JT	Family residence-Springfield-est 185,000						X																						
JT	Fairbanks Plaza Ltd. Partnership 900 S. Wabash, Chicago IL (rehab) 28,740			X																									
JT	Wright-Patman Federal Credit Union 4,904 est			X																									
JT	Thrift Savings Plan-RJD 14,086 est			X																									
JT	Deferred Comp-LMD 3,650 est			X																									
JT	Office eqpt.(law practice) est 6,960			X																									
JT	Ford Taurus est 15,000			X																									
JT	Credit Union One-Rantoul, IL savings 277.80		X																										
JT	First of America, Spfld IL savings 1,814.67			X																									
	John Hancock Life Ins. (RJD)		X																										

(Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Richard J. Durbin

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income												BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Hadson Petroleum - interest $62.00		x																									
JT	Cong. Credit Union - interest 379.00		x																									
JT	Credit Union One - interest 26.00		x																									
JT	First of America - interest 54.00		x																									
JT	A.G. Edwards - dividend 44.00		x																									
JT	Merrill-Lynch - dividend 255.00		x																									

Reporting Individual's Name: Richard J. Durbin

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets		Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock		X			10-12-90			X				
	A.G. Edwards - MMA - RJD	5,053.01		x		8-15-91	x						
	Merrill-Lynch-Keogh-RJD (transfer)	23,648.35				5-31-91		x					
JT	City of San Diego Mort.Rev.Bond	5,000.00		x		5-15-91	x						

Reporting Individual's Name
Richard J. Durbin

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Carold Corp. 434 Broadway, New York	mortgage on 1525 Bates, Spfld							
		($45,634.98)		X					
JT	Champion Federal, Bloomington, IL	auto loan - 1991 Taurus							
		(15,439.97)est		X					

1031

Reporting Individual's Name
Richard J. Durbin

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash D.C to Seattle, 3 days food & lodging, self and spouse	
Connell Rice & Sugar	7-15-91	air travel from Chicago to Newark to Washing DC (honorarium donated to charity)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name
Richard J. Durbin

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Catholic Charities - Springfield IL
Associate Professor	S.I.U. School of Medicine, Springfield IL

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard J. Durbin	5/15/92

Department of the Treasury -- Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 1991

For the year Jan.-Dec. 31, 1991, or other tax year beginning , 1991, ending , 19 OMB No. 1545-0074

Use the IRS label. Otherwise please print or type. LABEL HERE

Richard J. Durbin
Loretta M. Durbin
1525 S. Bates Avenue
Springfield, IL 62704

Your social security no. 493-46-1338
Spouse's social security no. 350-36-5292
For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Presidential Election Campaign ▶ Do you want $1 to go to this fund? X Yes No
If joint return, does your spouse want $1 to go to this fund? X Yes No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (Check only one box)

1 Single
2 [X] Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's SSN above & full name here ▶
4 Head of household (with qualifying person) (See page 12.) If qualifying person is a child but not your dependent, enter child's name here ▶
5 Qualifying widow(er) with dependent child (yr. spouse died ▶19). (See page 12.)

Exemptions (See page 12.)

5a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 5a. But be sure to check the box on line 33b on page 2 ▶ No. of boxes checked on 5a and 6b: 2
b [X] Spouse

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Chk if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of mo. lived in your home in 1991
Jennifer Durbin		340-76-4396	Daughter	12
Paul Durbin		348-74-6256	Son	12

If more than six dependents see page 13

No. of your children on 6c who
● lived with you: 2
● didn't live with you due to divorce or separation (see page 14):
No. of other dependents on 6c:

d If your child didn't live with you, but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]
e Total number of exemptions claimed: Add numbers entered on lines above ▶ 4

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you do not get a W-2, see page 10.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc (attach Form(s) W-2)	7	144,646.
8a	Taxable interest income (also attach Schedule B if over $400)	8a	521.
b	Tax-exempt interest income (see page 18). DON'T include on line 8a. 8b		
9	Dividend income (also attach Schedule B if over $400)	9	299.
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 16	10	
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	
13	Capital gain or (loss) (attach Schedule D)	13	-3,000.
14	Capital gain distributions not reported on line 13 (see page 17)	14	
15	Other gains or (losses) (attach Form 4797)	15	
16a	Total IRA distributions 16a — 16b Taxable amount (see page 17)	16b	
17a	Total pensions & annuities 17a — 17b Taxable amount (see page 17)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20	Unemployment compensation (see page 18)	20	
21a	Social security benefits 21a — 21b Taxable amount (see pg. 18)	21b	
22	Other income	22	
23	Add amounts shown in far right column for lines 7 through 22. This is your **total income** ▶	23	142,466.

Adjustments to Income (See page 19.)

24a	Your IRA deduction, from applicable worksheet on page 20 or 21	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 20 or 21	24b	
25	One-half of self-employment tax (see page 21)	25	
26	Self-employed health insurance deduction, from worksheet on pg. 22	26	
27	Keogh retirement plan & self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	
31	Subtract line 30 from line 23. This is your **adjusted gross income** ▶	31	142,466.

Adj. Gr. Income

TAXPAYER'S COPY

Form 1040 (1991) Durbin 493-46-1338 Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	142,466.
	33a	Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
	c	If you are married filing a separate return and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here ▶ 33c ☐		
If you want the IRS to figure your tax, see page 24.	34	Enter the larger of your **Itemized deductions** (from Schedule A, line 28), OR **Standard deduction** (shown below for your filing status). **Caution:** If you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single -- $3,400 • Head of household -- $5,000 • Married filing jointly or Qualifying widow(er) -- $5,700 • Married filing separately -- $2,850	34	14,014.
	35	Subtract line 34 from line 32	35	128,452.
	36	If line 32 is $75,000 or less, multiply $2,150 by the total number of exemptions claimed on line 6e. If line 32 is over $75,000, see page 24 for the amount to enter	36	8,600.
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	119,852.
	38	Enter tax. Check if from: a ☐ Tax Table, b ☒ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 ▶ e)	38	30,270.
	39	Additional taxes (see page 24). Check if from: a ☐ Form 4970 b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	30,270.
Credits (See page 25.)	41	Credit for child and dependent care expenses (attach Form 2441) — 41		
	42	Credit for the elderly or the disabled (attach Schedule R) — 42		
	43	Foreign tax credit (attach Form 1116) — 43		
	44	Other credits (see page 25). Check if from: a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form — 44		
	45	Add lines 41 through 44	45	
	46	Subtract line 45 from line 40. (If line 45 is more than line 40, enter -0-.) ▶	46	30,270.
Other Taxes	47	Self-employment tax (attach Sch. SE)	47	
	48	Alternative minimum tax (attach Form 6251)	48	
	49	Recapture taxes (see pg. 26). Check if from: a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
	50	Social security and Medicare tax on tip income not reported to employer (attach Form 4137)	50	
	51	Tax on an IRA or a qualified retirement plan (attach Form 5329)	51	
	52	Advance earned income credit payments from Form W-2	52	
	53	Add lines 46 through 52. This is your **total tax** ▶	53	30,270.
Payments	54	Federal income tax withheld (if any is from Form(s) 1099, check ▶ ☐) — 54 — 31,690.		
	55	1991 estimated tax payments and amount applied from 1990 return — 55		
	56	**Earned income credit** (attach Schedule EIC) — 56		
	57	Amount paid with Form 4868 (extension request) — 57		
Attach Forms W-2, W-2G, and 1099-R to page 1.	58	Excess social security, Medicare, and RRTA tax withheld (see page 27) — 58		
	59	Other payments. Check if from: a ☐ Form 2439 b ☐ Form 4136 — 59		
	60	Add lines 54 through 59. These are your **total payments** ▶	60	31,690.
Refund or Amount You Owe	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61	1,420.
	62	Amount of line 61 to be **REFUNDED TO YOU** ▶	62	1,420.
	63	Amount of line 61 to be **APPLIED TO YOUR 1992 EST. TAX** ▶ — 63 — 0.		
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1991 Form 1040" on it.	64	
	65	Estimated tax penalty (see page 28). Also include on line 64 — 65		

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature	Date	Your occupation
		Congressman
Spouse's signature (if joint return, BOTH must sign)	**Date**	**Spouse's occupation**
		Civil Servant

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's social security no.
	04-10-92	☒	146-28-8672
Firm's name (or yours if self-employed) and address	Francis L. Bayley, Ph.D. 114 Seminole Drive	E.I. No.	

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

Schedule A -- Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

1991

Attachment Sequence No. 07

Name(s) shown on Form 1040: Richard J. & Loretta M. Durbin

Your social security no.: 493-46-1338

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses	1			
	2 Enter amount from Form 1040, line 32 [2]				
	3 Multiply line 2 above by 7.5% (.075)	3			
	4 Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- ▶			4	
Taxes You Paid (See page 38.)	5 State and local income taxes	5	4,614.		
	6 Real estate taxes	6	2,246.		
	7 Other taxes. ▶	7			
	8 Add lines 5 through 7. Enter the total ▶			8	6,860.
Interest You Paid (See page 39.)	9a Home mortgage interest and points reported to you on Form 1098	9a	4,415.		
	b Home mortgage interest not reported to you on Form 1098. (If paid to an individual, show that person's name and address.) ▶	9b			
Note: Personal interest is no longer deductible	10 Points not reported to you on Form 1098	10			
	11 Investment interest (attach Form 4952 if required)	11			
	12 Add lines 9a through 11. Enter the total ▶			12	4,415.
Gifts to Charity (See page 40.)	Caution: If you made a charitable contribution and received a benefit in return, see page 40.				
	13 Contributions by cash or check 2,425.	13	2,425.		
	14 Other than cash or check. (You MUST attach Form 8283 if over $500.)	14			
	15 Carryover from prior year	15			
	16 Add lines 13 through 15. Enter the total ▶			16	2,425.
Casualty, Theft	17 Casualty or theft loss(es) (attach Form 4684) (See page 40.) ▶			17	
Moving Exp.	18 Moving expenses (attach Form 3903 or 3903F). (See page 41.) ▶			18	
Job Expenses and Most Other Miscellaneous Deductions (See page 41 for expenses to deduct here.)	19 Unreimbursed employee exp. (You MUST attach Form 2106 if required. See inst.) ▶ Form 2106 Amount 3,997.	19	3,997.		
	20 Other expenses. ▶ Professional Dues 140. 1990 Tax Preparation 300.	20	440.		
	21 Add lines 19 and 20	21	4,437.		
	22 Enter amount from Form 1040, line 32 [22] 142,466.				
	23 Multiply line 22 above by 2% (.02)	23	2,849.		
	24 Subtract line 23 from line 21. Enter the result. If less than zero, enter -0- ▶			24	1,588.
Other Miscellaneous Deductions	25 Other. ▶			25	
Total Itemized Deductions	26 • If the amount on Form 1040, line 32, is $100,000 or less ($50,000 or less if married filing separately), add lines 4, 8, 12, 16, 17, 18, 24, and 25. Enter the total here. • If the amount on Form 1040, line 32, is more than $100,000 (more than $50,000 if married filing separately), see page 42 for the amount to enter. Caution: Be sure to enter on Form 1040, line 34, the LARGER of the amount on line 26 above or your standard deduction. ▶			26	14,014.

For Paperwork Reduction Act Notice, see Form 1040 Instructions. H733 A1 NTS 6818 Preparers Edition Schedule A (Form 1040) 1991

Schedule B -- Interest and Dividend Income 1991

Attachment Sequence No 08 OMB No 1545-0074

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Richard J. & Loretta M. Durbin

Your social security number: 493-46-1338

Part I Interest Income

(See pages 15 and 43.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 43), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 43.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Interest Income		Amount
1	Interest income. (List interest from seller-financed mortgages first.) ▶		
	Hadson Petroleum (USA)	1	62.
	Congressional Credit Union		379.
	Credit Union One		26.
	First of America		54.
2	Add the amounts on line 1	2	521.
3	Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	521.

Part II Dividend Income

(See pages 16 and 43.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 43.

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

	Dividend Income		Amount
5	Dividend income ▶		
	A.G. Edwards	5	44.
	Merrill Lynch		255.
6	Add the amounts on line 5	6	299.
7	Capital gain distributions. Enter here and on Schedule D* . . 7		
8	Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8		
9	Add lines 7 and 8	9	
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	299.

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts

(See page 43.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

		Yes	No
11a	At any time during 1991, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 43 for exceptions and filing requirements for Form TD F 90-22.1.)		X
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1991, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

SCHEDULE D (Form 1040)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses
(And Reconciliation of Forms 1099-B for Bartering Transactions)
▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 1a and 8a, get Schedule D-1 (Form 1040).

OMB No 1545-0074
1991
Sequence No 12A

Name(s) shown on Form 1040: Richard J. & Loretta M. Durbin

Your social security number: 493-46-1338

Caution: Add the following amounts reported to you for 1991 on Forms 1099-B and 1099-S (or on substitute statements) (a) proceeds from transactions involving stocks, bonds, and other securities, and (b) gross proceeds from real estate transactions not reported on another form or schedule. If this total does not equal the total of lines 1c and 8c, column (d), attach a statement explaining the difference

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.						
1b Amounts from Schedule D-1, line 1b (attach Schedule D-1)						
1c Total of All Sales Price Amounts. Add column (d) of lines 1a and 1b ▶ 1c						
1d Other Transactions (Do NOT include real estate transactions from Forms 1099-S on this line. Report them on line 1a.)						

2 Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	2	
3 Short-term gain from installment sales from Form 6252, line 22 or 30	3	
4 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	4	
5 Short-term capital loss carryover from 1990 Schedule D, line 29	5	
6 Add lines 1a, 1b, 1d, and 2 through 5, in columns (f) and (g)	6	( )
7 **Net short-term capital gain or (loss).** Combine columns (f) and (g) of line 6	7	

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

8a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.						
City of SD Bond	08/08/85	08/08/91	5,000.	5,000.		
8b Amounts from Schedule D-1, line 8b (attach Schedule D-1)						
8c Total of All Sales Price Amounts. Add column (d) of lines 8a and 8b ▶ 8c			5,000.			
8d Other Transactions (Do NOT include real estate transactions from Forms 1099-S on this line. Report them on line 8a.)						

9 Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	9	
10 Long-term gain from installment sales from Form 6252, line 22 or 30	10	
11 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	11	
12 Capital gain distributions	12	
13 Gain from Form 4797, line 7 or 9	13	
14 Long-term capital loss carryover from 1990 Schedule D, line 38	14	9,996.
15 Add lines 8a, 8b, 8d, and 9 through 14, in columns (f) and (g)	15	(9,996.)

Schedule D (Form 1040) 1991 — Attachment Sequence No. 12A — Page 2

Name(s) shown on Form 1040 (Do not enter name and social security number if shown on page 1.) Richard J. & Loretta M. Durbin

Your social security number 493-46-1338

Part III Summary of Parts I and II

17	Combine lines 7 and 16 and enter the net gain or (loss) here. If the result is a gain, also enter the gain on Form 1040, line 13. (Note: If both lines 16 and 17 are gains, see Part IV below.)	17	-9,996.
18	If line 17 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of a The (loss) on line 17, or b ($3,000) or, if married filing a separate return, ($1,500) Note: When figuring whether line 18a or 18b is smaller, treat both numbers as positive. Complete Part V if the loss on line 17 is more than the loss on line 18, OR if Form 1040, line 37, is zero.	18	(3,000.)

Part IV Tax Computation Using Maximum Capital Gains Rate

USE THIS PART TO FIGURE YOUR TAX ONLY IF BOTH LINES 16 AND 17 ARE GAINS, AND:

You checked filing status box:	AND	Form 1040, line 37, is over:	You checked filing status box:	AND	Form 1040, line 37, is over:
1		$49,300	3		$41,075
2 or 5		$82,150	4		$70,450

19	Enter the amount from Form 1040, line 37	19	
20	Enter the smaller of line 16 or line 17	20	
21	Subtract line 20 from line 19	21	
22	Enter: a $20,350 if you checked filing status box 1; b $34,000 if you checked filing status box 2 or 5; c $17,000 if you checked filing status box 3; or d $27,300 if you checked filing status box 4	22	
23	Enter the greater of line 21 or line 22	23	
24	Subtract line 23 from line 19	24	
25	Figure the tax on the amount on line 23. Use the Tax Table or Tax Rate Schedules, whichever applies	25	
26	Multiply line 24 by 28% (.28)	26	
27	Add lines 25 and 26. Enter here and on Form 1040, line 38, and check the box for Schedule D	27	

Part V Capital Loss Carryovers from 1991 to 1992

Section A. -- Carryover Limit

28	Enter the amount from Form 1040, line 35. If a loss, enclose the amount in parentheses	28	128,452.
29	Enter the loss from line 18 as a positive amount	29	3,000.
30	Combine lines 28 and 29. If zero or less, enter -0-	30	131,452.
31	Enter the smaller of line 29 or line 30	31	3,000.

Section B. -- Short-Term Capital Loss Carryover to 1992 (Complete this section only if there is a loss on both lines 7 and 18.)

32	Enter the loss from line 7 as a positive amount			32	
33	Enter the gain, if any, from line 16		33		
34	Enter the amount from line 31		34		
35	Add lines 33 and 34			35	
36	Short-term capital loss carryover to 1992. Subtract line 35 from line 32. If zero or less, enter -0-			36	0.

Section C. -- Long-Term Capital Loss Carryover to 1992 (Complete this section only if there is a loss on both lines 16 and 18.)

37	Enter the loss from line 16 as a positive amount					37	9,996.
38	Enter the gain, if any, from line 7			38			
39	Enter the amount from line 31	39	3,000.				
40	Enter the amount, if any, from line 32	40					
41	Subtract line 40 from line 39. If zero or less, enter -0-			41	3,000.		
42	Add lines 38 and 41					42	3,000.
43	Long-term capital loss carryover to 1992. Subtract line 42 from line 37. If zero or less, enter -0-					43	6,996.

Part VI Election Not To Use the Installment Method (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

44	Check here if you elect out of the installment method ▶ ☐	
45	Enter the face amount of the note or other obligation ▶	
46	Enter the percentage of valuation of the note or other obligation ▶	%

Part VII Reconciliation of Forms 1099-B for Bartering Transactions
(Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

			Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule
47	Form 1040, line 22	47	
48	Schedule C, D, E, or F (Form 1040) (specify) ▶	48	
49	Other form or schedule (identify) (If nontaxable, indicate reason -- attach additional sheets if necessary)	49	
50	Total. Add lines 47 through 49. This amount should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions	50	

Form **2106**
Department of the Treasury
Internal Revenue Service

Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040.

OMB No. 1545-0139
1991
Attachment Sequence No. **54**

Your name	Social security number	Occupation in which expenses were incurred
Richard J. Durbin	493-46-1338	Congressman

Part I **Employee Business Expenses and Reimbursements**

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	272.	
2 Parking fees, tolls, and local transportation, including train, bus, etc	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3	3,328.	
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment	4		
5 Meals and entertainment expenses. (See instructions.)	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,600.	

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8

STEP 2 Enter Amounts Your Employer Gave You for Expenses Listed In STEP 1			
7 Enter amounts your employer gave you that were **not** reported to you in Box 10 of Form W-2. Include any amount reported under code "L" in Box 17 of your Form W-2. (See instructions.)	7		

STEP 3 Figure Expenses To Deduct on Schedule A (Form 1040)				
8 Subtract line 7 from line 6	8	3,600.		
Note: If **both columns** of line 8 are zero, **stop here.** If Column A is less than zero, report the amount as income and enter -0- on line 10, Column A. See the instructions for how to report.				
9 Enter 20% (.20) of line 8, Column B	9			
10 Subtract line 9 from line 8	10	3,600.		
11 Add the amounts on line 10 of both columns and enter the total here. **Also enter the total on Schedule A (Form 1040), line 19.** (Qualified performing artists and individuals with disabilities, see the instructions for special rules on where to enter the total.) ▶			11	3,600.

For Paperwork Reduction Act Notice, see Instructions. Form **2106** (1991)

IRC 162(a) Statutory Limitation for Washington, DC Living Expenses for Members of Congress

Form 2106 (1991) Durbin 493-46-1338 Page 2

Part II **Vehicle Expenses (See instructions to find out which sections to complete.)**

Section A. — General Information		(a) Vehicle 1	(b) Vehicle 2
12 Enter the date vehicle was placed in service	12	06/20/90	
13 Total mileage vehicle was used during 1991	13	16000 miles	miles
14 Miles included on line 13 that vehicle was used for business	14	990 miles	miles
15 Percent of business use (divide line 14 by line 13)	15	6 %	%
16 Average daily round trip commuting distance	16	5 miles	miles
17 Miles included on line 13 that vehicle was used for commuting	17	1000 miles	miles
18 Other personal mileage (add lines 14 and 17 and subtract the total from line 13)	18	14010 miles	miles

19 Do you (or your spouse) have another vehicle available for personal purposes? ☒ Yes ☐ No

20 If your employer provided you with a vehicle: is personal use during off duty hours permitted? ☐ Yes ☒ No ☐ Not applicable

21a Do you have evidence to support your deduction? ☒ Yes ☐ No **21b** If "Yes," is the evidence written? ☒ Yes ☐ No

Section B. — Standard Mileage Rate (Use this section only if you own the vehicle.)

22 Multiply line 14 by 27.5 cents (.275). Enter the result here and on line 1. (Rural mail carriers, see instructions.) 22 272.

Section C. — Actual Expenses		(a) Vehicle 1	(b) Vehicle 2
23 Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a Vehicle rentals	24a		
b Inclusion amount	24b		
c Subtract line 24b from line 24a	24c		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2. See instructions.)	25		
26 Add lines 23, 24c, and 25	26		
27 Multiply line 26 by the percentage on line 15	27		
28 Enter amount from line 38 below	28		
29 Add lines 27 and 28. Enter total here and on line 1	29		

Section D. — Depreciation of Vehicles (Use this section only if you own the vehicle.)		(a) Vehicle 1	(b) Vehicle 2
30 Enter cost or other basis (See instructions.)	30		
31 Enter amount of section 179 deduction. (See instructions.)	31		
32 Multiply line 30 by line 15. (See instructions if you elected the section 179 deduction.)	32		
33 Enter depreciation method and percentage. (See instructions.)	33		
34 Multiply line 32 by the percentage on line 33. (See instructions.)	34		
35 Add lines 31 and 34	35		
36 Enter the limitation amount from the table in the line 36 instructions	36		
37 Multiply line 36 by the percentage on line 15	37		
38 Enter the smaller of line 35 or line 37. Also enter the amount on line 28 above	38		

Form **2106**
Department of the Treasury
Internal Revenue Service

Employee Business Expenses

▶ See separate instructions.

▶ Attach to Form 1040.

OMB No. 1545-0139
1991
Attachment Sequence No. **54**

Your name	Social security number	Occupation in which expenses were incurred
Loretta M. Durbin	350-36-5292	Civil Servant

Part I Employee Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and local transportation, including train, bus, etc.	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3	314.	
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment	4		
5 Meals and entertainment expenses (See instructions.)	5		104.
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	314.	104.

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8

STEP 2 Enter Amounts Your Employer Gave You for Expenses Listed in STEP 1			
7 Enter amounts your employer gave you that were not reported to you in Box 10 of Form W-2. Include any amount reported under code "L" in Box 17 of your Form W-2. (See instructions.)	7		

STEP 3 Figure Expenses To Deduct on Schedule A (Form 1040)			
8 Subtract line 7 from line 6	8	314.	104.
Note: If **both columns** of line 8 are zero, **stop here.** If Column A is less than zero, report the amount as income and enter -0- on line 10, Column A. See the instructions for how to report.			
9 Enter 20% (.20) of line 8, Column B	9		21.
10 Subtract line 9 from line 8	10	314.	83.
11 Add the amounts on line 10 of both columns and enter the total here. **Also enter the total on Schedule A (Form 1040), line 19.** (Qualified performing artists and individuals with disabilities, see the instructions for special rules on where to enter the total.) ▶	11		397.

For Paperwork Reduction Act Notice, see instructions.

Part II **Vehicle Expenses (See instructions to find out which sections to complete.)**

Section A. — General Information			(a) Vehicle 1	(b) Vehicle 2
12	Enter the date vehicle was placed in service	12		
13	Total mileage vehicle was used during 1991	13	miles	miles
14	Miles included on line 13 that vehicle was used for business	14	miles	miles
15	Percent of business use (divide line 14 by line 13)	15	%	%
16	Average daily round trip commuting distance	16	miles	miles
17	Miles included on line 13 that vehicle was used for commuting	17	miles	miles
18	Other personal mileage (add lines 14 and 17 and subtract the total from line 13)	18	miles	miles

19 Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No

20 If your employer provided you with a vehicle, is personal use during off duty hours permitted? ☐ Yes ☐ No ☐ Not applicable

21a Do you have evidence to support your deduction? ☐ Yes ☐ No **21b** If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. — Standard Mileage Rate (Use this section only if you own the vehicle.)

22 Multiply line 14 by 27.5 cents (.275). Enter the result here and on line 1. (Rural mail carriers, see instructions.) 22

Section C. — Actual Expenses			(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2. See instructions.)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 15	27		
28	Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. — Depreciation of Vehicles (Use this section only if you own the vehicle.)

			(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (See instructions.)	30		
31	Enter amount of section 179 deduction (See instructions.)	31		
32	Multiply line 30 by line 15. (See instructions if you elected the section 179 deduction.)	32		
33	Enter depreciation method and percentage. (See instructions.)	33		
34	Multiply line 32 by the percentage on line 33. (See instructions.)	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount from the table in the line 38 instructions	36		
37	Multiply line 36 by the percentage on line 15	37		
38	Enter the smaller of line 35 or line 37. Also enter the amount on line 28 above	38		

Supporting Schedules 1991
Name: Richard J. & Loretta M. Durbin SSN: 493-46-1338
****

Form 1040 - page 1
Line 7 - W-2 Information

		Wages			Taxes withheld				
Source	T/S	Gross	S.S.	Medi-care	Federal	S.S.	Medi-care	State	Local
Sgt. at Ar	T	116589	53400	122725	26826	3311	1780	2865	
State of I	S	28057	32609	32609	4864	2022	473	842	
		144646	86009	155334	31690	5333	2253	3707	

Supporting Schedules 1991

Name: Richard J. & Loretta M. Durbin SSN: 493-46-1336

****

Schedule A

Line 19. - Unreimbursed Employee Expenses	Amount
IRC 162(a) adjustment	328.
Member of Congress	
Form 2106 Amount	3,669.
	3,997.

Schedule A, Line 26 Itemized Deductions Worksheet 1991

Name(s)	Identifying number
Richard J. & Loretta M. Durbin	493-46-1338

1.	Total of Schedule A, lines 4, 8, 12, 16, 17, 18, 24 and 25			1	15,288.
2.	Total of Schedule A, lines 4, 11 and 17, plus gambling losses, line 25			2	0.
3.	Subtract line 2 from line 1 (If the result is zero, STOP HERE; and enter the amount from line 1 on Schedule A, line 26.)			3	15,288.
4.	Multiply line 3 by 80%	4	12,230.		
5.	Form 1040, line 32	5	142,466.		
6.	$100,000 ($50,000 if married filing separately)	6	100,000.		
7.	Line 5 minus line 6. (If the result is zero or less, STOP HERE; enter the amount from line 1 on Schedule A, line 26	7	42,466.		
8.	Multiply line 7 by 3%	8	1,274.		
9.	Smaller of line 4 or 8			9	1,274.
10.	Total itemized deductions, Schedule A, line 26 (Subtract line 9 from line 1.)			10	14,014.

Illinois Individual Income Tax Return

1991 IL-1040

or fiscal year ending 1992

Do not write above this line

PLACE LABEL HERE

First name and initial | Spouse's first name (and last if different) | Last name

**********CAR-RT SORT ** CR90
493-46-1338 3 DURB 350-36-5292
RICHARD J LORETTA M DURBIN
1525 S BATES
SPRINGFIELD, IL 62704

ILLINOIS ZIP

Your Social Security number: 493-46-1338

Spouse's Social Security number: 350-36-5292

4-digit school code: 1055

Before you complete this section, see instructions.

a How many exemptions did you claim on your 1991 federal return? (See instructions.) a 4

EXEMPTIONS

b Check if in 1991 you were: [ ] 65 or over [ ] legally blind [ ] claimed as a dependent on another person's 1991 federal return

Check if in 1991 your spouse was: [ ] 65 or over [ ] legally blind [ ] claimed as a dependent on another person's 1991 federal return

Write on this line the number of boxes you checked in Step b above b ___

FILING STATUS: [ ] Single or head of household [X] Married filing jointly [ ] Married filing separately [ ] Widowed

FARMERS If at least two thirds of your total gross income came from farming, check box → [ ]

c Total exemptions. Add Lines a and b c 4

INCOME	1 Adjusted gross income (U.S. 1040, Line 31, U.S. 1040A, Line 16, or U.S. 1040EZ, Line 3)	1	142,466.
	2 Federally tax-exempt interest income (U.S. 1040 or 1040A, Line 8b)	2	
	3 Other additions (See instructions and specify.)	3	
	4 Total income. Add Lines 1, 2, and 3	4	142,466.
SUBTRACTIONS	5 Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.) 5		
	6 Military pay earned while a resident and included in Line 1 6		
	7 Illinois income tax refund included on U.S. 1040, Line 10 7		
	8 U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.) 8		
	9 Other subtractions (See instructions and specify.) 9		
	10 Total subtractions. Add Lines 5, 6, 7, 8, and 9 — Do not include out-of-state income	10	0.
	11 Base income. Subtract Line 10 from Line 4	11	142,466.
EXEMP	Illinois residents continue to Line 12. Check if you were a nonresident ..... [ ] or part-year resident [ ] Attach Schedule NR and write amount from Schedule NR, Line 1 here ___ Then skip to Line 14		
	12 Multiply total exemptions from Box c of Exemptions section above by $1,000	12	4,000.
	13 Net income. Subtract Line 12 from Line 11	13	138,466.
	14 Tax. Residents, multiply Line 13 by 3% (.03) or see tax table. Others, write Line 4 from Schedule NR	14	4,154.
CONTRIBUTIONS	15 Voluntary contributions. Your donation will reduce your refund or increase the amount you owe: IL Nongame Wildlife Child Abuse Prevention a) ___; Alzheimer's Research c) ___; Homeless Assistance d) ___; Persian Gulf e) ___; Domestic Violence f) ___; AIDS Assistance g) ___; Rehab. Technology h) ___; U.S. Olympics Asst. ___; Youth Drug Prevention ___ Total contributions	15	
	16 Total tax and contributions. Add Lines 14 and 15	16	4,154.
PAYMENTS & CREDITS	17 Illinois income tax withheld (Attach copy of all W-2's.) 17		3,707.
	18 Estimated payments (IL-1040-ES, IL-505-I, and 1990 [illegible] credit) 18		
	19 Credit for tax paid to other states (Line H of attached Sch. 1299-CR) 19		
	20 Credit for IL property tax from worksheet on page 11 2,246. 20		112.
	21 Tax credits from attached Sch. 1299-CR and Line 11 (Write Line 3 of worksheet) 21		
	22 Total payments and credits. Add Lines 17, 18, 19, 20, and 21	22	3,819.
	23 Overpayment. If Line 22 is greater than Line 16, subtract Line 16 from Line 22.	23	
	24 Amount of overpayment you want credited to next year's tax 24		
	25 Amount of refund. Subtract Line 24 from Line 23	25	
PAY	26 Amount you owe. If Line 16 is greater than Line 22, subtract Line 22 from Line 16.	26	335.
	27 If you completed IL-2210, write your penalty here. If you completed Part III of IL-2210, check box → [ ]	27	5.
	28 Total amount due. Add Lines 26 and 27.	28	340.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Do not write in this box.

Sign here

Your signature	Date	Phone number	Spouse's signature	Date
	04-10-92	217-787-7289	146-28-8672	

Paid preparer's signature	Date	Phone number	Paid preparer's FEIN or SSN

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

IL1 NTF 7351 1

AP ___ DR ___ NR ME ZZ SE WS WA XA RX NS MR DC ___ XU ___ ID ___

ATTACH COPY OF W-2S W-2GS & 1099-R HERE

ATTACH REMITTANCE PAYABLE TO ILDOR ON PAYMENT

INCLUDE YOUR SSN BELOW

TAXPAYER'S COPY

Richard J. & Loretta M. Durbin 493-46-1338

IL 1040 (1991)

Be sure to attach the following supporting documents:

Line 5 - U.S. 1040, page 1, U.S. Schedule D and IL-4644, if applicable
Line 6 - Military pay W-2
Line 8 - U.S. 1040, Schedule B or U.S. 1040A, Schedule 1, identifying U.S. government obligations, and a copy of any statement received from a mutual fund
Line 9 - For enterprise zone, foreign trade zone or subzone dividends, attach Illinois Schedule 1299-C.
For recovery amounts, attach U.S. 1040, all pertinent U.S. schedules, and prior year's Schedule A.
For partnership, S corporation, estate, and trust subtractions, attach the notification furnished
For August 1, 1989, valuation limitation amounts, attach Illinois Schedule F and any required forms or schedules
Line 14 - Nonresidents and part-year residents, attach Illinois Schedule NR.
For recapture of investment credits, attach Schedule 4255
Line 17 - All W-2 forms
Line 19 - Illinois Schedule CR, copies of out-of-state income tax returns, and supporting documents
Line 21 - Illinois Schedule 1299-C
Line 27 - Il-2210, if you are annualizing in Part III
If you do not attach the required supporting documents, your entry will be disallowed, and any refund to which you are entitled will be delayed.

Homeowner's Property Tax Credit Worksheet

You must complete this worksheet if you qualify for the Illinois property tax credit. See instructions for Line 20 in the booklet.

1	Write the total amount of Illinois property tax shown on the tax bill for the real estate that includes your principal residence	1	2,246.
2	Write the portion of that tax bill which is deductible as a business expense on U.S. Schedule C, E, F, or other U.S. income tax forms or schedules, whether or not you actually took the federal deduction	2	
3	Subtract Line 2 from Line 1. Write this amount here and on the line to the left of IL-1040, Line 20	3	2,246.
4	Multiply the amount on Line 3 by 5% (.05)	4	112.
5	Write the amount of income tax from your IL-1040, Line 14	5	4,154.
6	Write the amount of credit for tax paid to other states from your IL-1040, Line 19	6	
7	Subtract Line 6 from Line 5. This is your net tax	7	4,154.
8	Write the lesser of Line 4 or Line 7 here and on your IL-1040, Line 20	8	112.

Schedule 4255 Recapture Worksheet (See instructions for Line 14)

You must complete this worksheet if

- you claimed an investment credit against your Illinois income tax liability on your IL-1040 in a previous year and
- the property considered in the computation of that investment credit was disqualified within 48 months after being placed in service.

1	Write the amount from Schedule 4255, Part IV, Line 12, Column A	1	
2	Write the amount from Schedule 4255, Part IV, Line 12, Column B.	2	
3	Residents -- Multiply IL-1040, Line 13, by 3% (.03) Nonresidents or part-year residents -- Write the amount from Schedule NR, Line 4	3	
4	Add Lines 1, 2, and 3. Write the amount here and on your IL-1040, Line 14	4	

Do you need assistance or more information?

We will help you complete your return. To receive help, visit, write, or call an Illinois Department of Revenue office. Office hours are 8:30 a.m. to 5:00 p.m. weekdays.

The Willard Ice Building
101 West Jefferson, P.O. Box 19044
Springfield, IL 62794-9044

State of Illinois Center
100 West Randolph, 7th Floor
Chicago, IL 60601-3274

Within Illinois, call toll free 1 800 732-8866. Elsewhere, call 217 782-3336.

If you need additional forms or schedules,

- call toll free 1 800 624-2456 (January 1 through June 30),
- visit a district office, or
- write to the Illinois Department of Revenue, P.O. Box 19010, Springfield, IL 62794-9010.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.
This form has been approved by the Forms Management Center. IL-492-0085

Illinois Department of Revenue

IL-2210

Computation of Penalty for Underpayment of Estimated Tax by Individuals

1991

For calendar year 1991 OR fiscal year beginning _____ 1991, ending _____ 19 ___

Do NOT use this form for tax years ending prior to December 31, 1990

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this info. is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by Forms Mgmt. Center. (IL-492-0031)

Name as shown on Form IL-1040	Social security number
Richard J. & Loretta M. Durbin	493-46-1338

If your prior year IL-1040 was filed under a different SSN than that shown above, enter that number here ▶

If you were not required to file an IL-1040 for 1990, do not complete this form. No penalty is due

PART I — Computation of Required Installments

		A This year	B Last year
1 Total income tax from IL-1040 (see instructions)	1	4,154.	0.
2 Credits from IL-1040 (see instructions)	2	0.	0.
3 Subtract Line 2 from Line 1. If the amount in Column A is $250 or less, do not complete this form	3	4,154.	0.
4 Multiply Column A, Line 3 by 90% (.9)	4	3,739.	
5 Enter the lesser of Column A, Line 4 or Column B, Line 3	5	3,739.	

		Quarter 1 April 15, 1991	Quarter 2 June 17, 1991	Quarter 3 September 16, 1991	Quarter 4 January 15, 1992
6 Enter the required installment in each column (see instructions)	6	935.	935.	935.	934.
7 Enter the cumulative amount of required installments (see instructions)	7	935.	1,870.	2,805.	3,739.
8 Enter the cumulative amount of tax paid and withheld (see instructions)	8	927.	1,854.	2,781.	3,707.

If Line 8 is equal to or greater than Line 7 for ALL quarters, you do not owe a penalty.
If Line 8 is less than Line 7 for ANY quarter, you may owe a penalty. Go to Part II.

PART II — Computation of Penalty

(See Part II -- Specific Instructions)

Qtr	A Date	B Amount	C Adjusted balance due	D No. of days bal. is due	E Daily penalty rate	F Penalty
			0		.0006575	0
1	04/15/91	due date	-927.			
	04/15/91	due date	8.	63	.0006575	
1	06/17/91	-927.	-919.			
2			-919.			
	06/17/91	935.	16.	91	.0006575	1.
	09/16/91	-927.	-911.			
3			-911.			
2	09/16/91	935.	24.	121	.0006575	2.
	01/15/92	-926.	-902.			
4			-902.			
	01/15/92	934.	32.	91	.0006575	2.
	04/15/92					
3						
4						

Total penalty due -- Add Column F. Enter here and on IL-1040, Line 27 5.

Department of the Treasury — Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 1991

For the year Jan.–Dec. 31, 1991, or other tax year beginning 1991, ending ,19 OMB No. 1545-0074

Use the IRS label. Otherwise, please print or type

****** CAR-RT-SORT**CR90
PK 340-76-4396 S09 Z1 1
JENNIFER M DURBIN R
1525 BATES AVE 127 S
SPRINGFIELD IL 62704

Your social security no. 340-76-4396

Spouse's social security no.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Presidential Election Campaign ▶ Do you want $1 to go to this fund? Yes No
If joint return, does your spouse want $1 to go to this fund? Yes No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (Check only one box)

1 [X] Single
2 [ ] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's SSN above & full name here ▶
4 [ ] Head of household (with qualifying person). (See page 12.) If qualifying person is a child but not your dependent, enter child's name here ▶
5 [ ] Qualifying widow(er) with dependent child (yr. spouse died ▶19) (See page 12.)

Exemptions (See page 12.)

6a [ ] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b [ ] **Spouse**

No. of boxes checked on 6a and 6b: 0

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Chk. if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of mo. lived in your home in 1991

If more than six dependents, see page 13

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 14)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]

e Total number of exemptions claimed

Add numbers entered on lines above ▶ 0

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you do not get a W-2, see page 10.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	4,139.
8a	Taxable interest income (also attach Schedule B if over $400)	8a	89.
b	Tax-exempt interest income (see page 16). DON'T include on line 8a. 8b		
9	Dividend income (also attach Schedule B if over $400)	9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 16	10	
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	
13	Capital gain or (loss) (attach Schedule D)	13	
14	Capital gain distributions not reported on line 13 (see page 17)	14	
15	Other gains or (losses) (attach Form 4797)	15	
16a	Total IRA distributions 16a — 16b Taxable amount (see page 17)	16b	
17a	Total pensions & annuities 17a — 17b Taxable amount (see page 17)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20	Unemployment comp. (insurance) (see page 17)	20	
21a	Social security benefits 21a — 21b Taxable amount (see pg. 18)	21b	
22	Other income	22	
23	Add amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶	23	4,228.

TAXPAYER'S COPY

Adjustments to Income (See page 19.)

24a	Your IRA deduction, from applicable worksheet on page 20 or 21	24a	
b	Spouse's IRA deduction, from applicable worksheet on page 20 or 21	24b	
25	One-half of self-employment tax (see page 21)	25	
26	Self-employed health insurance deduction, from worksheet on pg. 22	26	
27	Keogh retirement plan & self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	
31	Subtract line 30 from line 23. This is your **adjusted gross income** ▶	31	4,228.

Adj. Gr. Income

Form 1040 (1991) Durbin 340-76-4396 Page 2

	32	Amount from line 31 (adjusted gross income)	32	4,228.
Tax Computation	33a	Check if ☐ You were 65 or older ☐ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☒		
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 23 and check here ▶ 33c ☐		
If you want the IRS to figure your tax, see page 24.	34	Enter the larger of your **Itemized deductions** (from Schedule A, line 28), OR **Standard deduction** (shown below for your filing status). **Caution:** If you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. ● Single -- $3,400 ● Head of household -- $5,000 ● Married filing jointly or Qualifying widow(er) -- $5,700 ● Married filing separately -- $2,850	34	3,400.
	35	Subtract line 34 from line 32	35	828.
	36	If line 32 is $75,000 or less, multiply $2,150 by the total number of exemptions claimed on line 6e. If line 32 is over $75,000, see page 24 for the amount to enter	36	0.
	37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	828.
	38	Enter tax. Check if from a ☒ Tax Table, b ☐ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 ▶ e)	38	126.
	39	Additional taxes (see page 24). Check if from a ☐ Form 4970 b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	126.
Credits (See page 25.)	41	Credit for child and dependent care expenses (attach Form 2441) — 41		
	42	Credit for the elderly or the disabled (attach Schedule R) — 42		
	43	Foreign tax credit (attach Form 1116) — 43		
	44	Other credits (see page 25). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form — 44		
	45	Add lines 41 through 44	45	
	46	Subtract line 45 from line 40. (If line 45 is more than line 40, enter -0-.) ▶	46	126.
Other Taxes	47	Self-employment tax (attach Sch. SE)	47	
	48	Alternative minimum tax (attach Form 6251)	48	
	49	Recapture taxes (see pg. 26). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
	50	Social security and Medicare tax on tip income not reported to employer (attach Form 4137)	50	
	51	Tax on an IRA or a qualified retirement plan (attach Form 5329)	51	
	52	Advance earned income credit payments from Form W-2	52	
	53	Add lines 46 through 52. This is your **total tax** ▶	53	126.
Payments	54	Federal income tax withheld (If any, is from Form(s) 1099, check ▶ ☐) — 54 — 325.		
	55	1991 estimated tax payments and amount applied from 1990 return — 55		
	56	**Earned income credit** (attach Schedule EIC) — 56		
	57	Amount paid with Form 4868 (extension request) — 57		
Attach Forms W-2, W-2G, and 1099-R to page 1.	58	Excess social security, Medicare, and RRTA tax withheld (see page 27) — 58		
	59	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 — 59		
	60	Add lines 54 through 59. These are your **total payments** ▶	60	325.
Refund or Amount You Owe	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61	199.
	62	Amount of line 61 to be **REFUNDED TO YOU** ▶	62	199.
	63	Amount of line 61 to be **APPLIED TO YOUR 1992 EST. TAX** ▶ 63 — 0.		
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1991 Form 1040" on it.	64	
	65	Estimated tax penalty (see page 28). Also include on line 64 — 65		

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

▶ Your signature	Date	Your occupation: Student
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶	Date: 04-06-92	Check if self-employed ☒	Preparer's social security no.: 146-28-8672
Firm's name (or yours if self-employed) and address ▶ Francis L. Bayley, Ph.D. 114 Seminole Drive Springfield, IL		E.I. No.	ZIP code: 62704

Schedule B -- Interest and Dividend Income 1991

Attachment Sequence No. 08 OMB No. 1545-0074

Name(s) shown on Form 1040 (Do not enter name and social security number if shown on other side.)	Your social security number
Jennifer M. Durbin	340-76-4396

Part I Interest Income

(See pages 15 and 43.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 43), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 43.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Interest Income		Amount
1	Interest income. (List interest from seller-financed mortgages first.) ▶ Marine Bank	1	89.
2	Add the amounts on line 1	2	89.
3	Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	89.

Part II Dividend Income

(See pages 16 and 43.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 43.

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

	Dividend Income		Amount
5	Dividend income. ▶	5	
6	Add the amounts on line 5	6	
7	Capital gain distributions. Enter here and on Schedule D* 7		
8	Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8		
9	Add lines 7 and 8	9	
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts

(See page 43.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

		Yes	No
11a	At any time during 1991, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 43 for exceptions and filing requirements for Form TD F 90-22.1.)		X
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1991, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

Supporting Schedules 199

Name: Jennifer M. Durbin SSN: 340-76-4396

****

Form 1040 - page 1
Line 7 - W-2 Information

		Wages			Taxes withheld				
Source	T/S	Gross	S.S.	Medi-care	Federal	S.S.	Medi-care	State	Local
State of I	T	133			27				
State of I	T	3770		3899	292		57	104	
Sporting C	T	236	94	236	6	15	3	5	
		4139	94	4135	325	15	60	109	

Illinois Individual Income Tax Return

1991 IL-1040

or fiscal year ending 1992

Do not write above this line

PLACE PRINT LABEL

First name and initial: ********** CAR-RT SORT ** CR90
340-76-4396 8 DURB
JENNIFER M DURBIN
1525 BATES AVENUE
SPRINGFIELD, IL 62704

Spouse's first name (and last if different)

Last name

ILLINOIS

ZIP

Your Social Security number: 340-76-4396

Spouse's Social Security number

4-digit school code: 1055

Before you complete this section, see instructions.

EXEMPTIONS

a How many exemptions did you claim on your 1991 federal return? (See instructions.) a

b Check if in 1991 you were
- [ ] 65 or over
- [ ] legally blind
- [X] claimed as a dependent on another person's 1991 federal return

Check if in 1991 your spouse was
- [ ] 65 or over
- [ ] legally blind
- [ ] claimed as a dependent on another person's 1991 federal return

Write on this line the number of boxes you checked in Step b above. b 1

FILING STATUS
- [X] Single or head of household
- [ ] Married filing jointly
- [ ] Married filing separately
- [ ] Widowed

FARMERS If at least two thirds of your total gross income came from farming, check box. → [ ]

c Total exemptions. Add Lines a and b c 1

INCOME	1 Adjusted gross income (U.S. 1040, Line 31, U.S. 1040A, Line 16; or U.S. 1040EZ, Line 3)		1 4,228.
	2 Federally tax-exempt interest income (U.S. 1040 or 1040A, Line 8b)		2
	3 Other additions (See instructions and specify.)		3
	4 Total income. Add Lines 1, 2, and 3		4 4,228.
SUBTRACTIONS	5 Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.)	5	
	6 Military pay earned while a resident and included in Line 1	6	
	7 Illinois income tax refund included on U.S. 1040, Line 10	7	
	8 U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.)	8	
	9 Other subtractions (See instructions and specify.)	9	
	10 Total subtractions. Add Lines 5, 6, 7, 8, and 9 — Do not include out-of-state income		10 0.
	11 Base income. Subtract Line 10 from Line 4		11 4,228.
EXEMP	**Illinois residents** continue to Line 12. Check if you were a **nonresident** [ ] or **part-year resident** [ ]. Attach Schedule NR and write amount from Schedule NR, Line 1 here: _____ Then skip to Line 14		
	12 Multiply total exemptions from Box c of Exemptions section above by $1,000.		12 1,000.
	13 Net income. Subtract Line 12 from Line 11		13 3,228.
TAX & CONTRIBUTIONS	14 Tax. Residents, multiply Line 13 by 3% (.03) or see tax table. Others, write Line 4 from Schedule NR		14 97.
	15 Voluntary contributions. Your donation will reduce your refund or increase the amount you owe.		
	IL Nongame Wildlife a) ____ Domestic Violence f) ____		
	Child Abuse Prevention b) ____ AIDS Assistance g) ____		
	Alzheimer's Research c) ____ Rehab. Technology h) ____		
	Homeless Assistance d) ____ U.S. Olympics Asst. i) ____		
	Persian Gulf e) ____ Youth Drug Prevention j) ____ Total contributions		15
	16 Total tax and contributions. Add Lines 14 and 15		16 97.
PAYMENTS & CREDITS	17 **Illinois income tax withheld** (Attach copy of all W-2's.)	17 109.	
	18 Estimated payments (IL-1040-ES, IL-505-I, and 1990 overpayment credit)	18	
	19 Credit for tax paid to other states (Line H of attached Schedule CR)	19	
	20 Credit for IL property tax from worksheet on page 2 [ ]	20	
	21 Tax credits from attached Sch. 1299-C, Part VII, Line 11 (Write zero if not applicable.)	21	
	22 Total payments and credits. Add Lines 17, 18, 19, 20, and 21		22 109.
REFUND OR AMOUNT DUE	23 Overpayment. If Line 22 is greater than Line 16, subtract Line 16 from Line 22.		23 12.
	24 Amount of overpayment you want credited to next year's tax	24	
	25 Amount of refund. Subtract Line 24 from Line 23.		25 12.
	26 Amount you owe. If Line 16 is greater than Line 22, subtract Line 22 from Line 16.		26
	27 If you completed IL-2210, write your penalty here. If you completed Part III of IL-2210, check box → [ ]		27
	28 Total amount due. Add Lines 26 and 27.		28

ATTACH COPY OF W-2'S & 1099-R HERE

ATTACH REMITTANCE PAYABLE TO ILL. DOR ON PAYMENT

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Do not write in this box.

Sign here Your signature: _____ Date: 04-06-92 Phone number: 217-787-7289 Spouse's signature: _____ Date: _____

Paid preparer's signature: _____ Date: _____ Phone number: _____ Paid preparer's FEIN or SSN: _____

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

IL1 NTF 7351.1

AP _____ DR _____ NR ME ZZ SE WS WA XA RX NS MR DC _____ XU _____ ID _____

FOR PARTIES COPY

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 14 AM 6 11

(11)

Bernard J. Dwyer
(Full Name)

31 Mason Drive
(Mailing Address)

Telephone

Edison, New Jersey 08820

Filer Status	X Member of the U.S. House of Representatives	State: New Jersey District: 6	Officer or Employee	Employing Office:
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of New Jersey	Pension	$4,706
	Fraser Brothers, Inc.	Spouse Salary	N/A
	General Cable Company	Spouse Pension	N/A
	Mellon Bank	IRA Distribution	1,866

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Bernard J. Dwyer

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X						X
			George Wash. Credit Union Accounts				X								X				
			182 Main Street, Dover, Delaware					X						X					
	First Savings Bank								X						X				
	Bankers Savings						X								X				
	Cash Account, Herzog, Heine, Geould			X											X				
	National State Bank							X							X				
	Village Gate - Metuchen, N.J.								X					X					
	Common Stock, American Reliance Group						X						X						

Block C Income: Other Income (Specify type)	Category of Amount of Income (X): I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000
ABC Corporation Stock			X							
George Wash. Credit Union Accounts					X					
182 Main Street, Dover, Delaware				X						
First Savings Bank						X				
Bankers Savings					X					
Cash Account, Herzog, Heine, Geould		X								
National State Bank					X					
Village Gate - Metuchen, N.J.						X				
Common Stock, American Reliance Group				X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Bernard J. Dwyer

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S. DC. JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Common Stock, Columbia Gas System Inc.			X								X								X								
Common Stock, Fedders Corp			X								X								X								
Common Stock, First Fidelity Bancorp.						X					X											X					
Common Stock, Fraser Brothers, Inc.						X					X		X												X		
Common Stock, General Public Utilities			X								X								X								
Common Stock, General Telephone Electronics Corp.					X						X										X						
Common Stock, The Cleveland Cliffs Iron Co.					X						X										X						
Common Stock, Waltuma, Inc.						X					X						X										
North Wildwood, N.J. Bond				X									X							X							
North Bergen, N.J. Bond			X										X						X								
Hudson County Sewerage Authority Bond				X									X						X								
East Brunswick Twp. Bond			X										X						X								
N.J. HFA Bond				X									X							X							
N.J. Health Care Bond				X									X							X							
N.J. General Oblication Bond			X										X						X								

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bernard J. Dwyer

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
N.J. General Obligation Bond				X										X							X								
Jersey City Sewer Bond				X										X							X								
N.J. Health - Middlesex General Hospital Bond				X										X							X								
Woodbridge Township Bond				X										X							X								
N.J. MFA RY Bond				X										X							X								
Boro of North Arlington Bond				X										X							X								
N.J. EDA Bond				X										X							X								
Cape May County MUA Bond					X									X								X							
N.J. HFA Bond					X									X									X						
N.J. EDA Bond				X										X								X							
N.J. Highway Authority Bond					X									X									X						
N.J. Education Facility Bond				X										X								X							
Township of Brick - General Obligation Bond				X										X								X							
N.J. MFA Bond				X										X							X								
N.J. Economic Development Bond					X									X							X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Bernard J. Dwyer

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	N.J. Economic Development Bond			X										X						X								
	State of N.J. Transportation Bond			X										X						X								
	County of Middlesex Bond			X										X						X								
	State of N.J. Higher Education Bond			X										X						X								
	N.J. General Obligation Bond				X									X								X						
	Delaware River Port Authority Bond			X										X						X								
	New Brunswick Parking Authority Bond			X										X						X								
	Washington Township Board of Education Bond			X										X						X								
	City of Bayonne Bond			X										X						X								
	Bernards Township School District Bond			X										X						X								
	N.J. EDA Bond			X										X						X								
	Ocean County Sewerage Authority				X									X								X						
	Bergen County Sewerage Authority			X										X						X								
	State of N.J. General Obligation				X									X						X								
	N.J. Division of Pensions				X												Pension Part I											

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bernard J. Dwyer

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
General Cable Company Pension			X														Pension Part I										
Passaic Valley Sewerage Authority Bonds			X										X							X								
Morristown, N.J. Bonds			X										X							X								
Salem County Pollution Control Bonds			X										X							X								
Common Stock, Nycor Inc.			X								X								X									
Bank of N.Y. IMIT			X										X	X						X								
Congressional Federal Credit Union			X										X						X									
Beach Bank of Vero Beach			X										X						X									
Porpoise Bay, Florida					X							X							X									
First Savings Bank Individual Retirement Account			X														IRA/NA											

Reporting Individual's Name: Bernard J. Dwyer

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	First Fidelity Bank		X		03-15-91	X						

Reporting Individual's Name
Bernard J. Dwyer

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	First Savings of Perth Amboy	Mortgage - Village Gate, Metuchen, N.J.				X			

Financial Disclosure A-4

Reporting Individual's Name
Bernard J. Dwyer

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Bernard J. Dwyer

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Waltuma, Inc.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
2/1/81	State of New Jersey	Retirement Pension
1983	General Cable Company (Spouse)	Retirement Pension

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Bernard J. Dwyer	5/4/92

GPO 1991 50-287 (m)

BERNARD J. DWYER
6TH DISTRICT, NEW JERSEY

COMMITTEES:
APPROPRIATIONS
SUBCOMMITTEES:
DEFENSE
ENERGY AND WATER
BUDGET

92 MAY 14 AM 8 11

Congress of the United States
House of Representatives
Washington, DC 20515

HAND DELIVERED

May 13, 1992

WASHINGTON OFFICE
2426 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3006
(202) 225-8301
(202) 225-1653 (FAX)

DISTRICT OFFICES
214 SMITH STREET
PERTH AMBOY, NJ 08861-4338
(908) 826-4610
(201) 64A-3747 (FAX)

628 WOOD AVENUE NORTH
LINDEN, NJ 07036-4162
(908) 486-4600

88 BAYARD STREET
NEW BRUNSWICK, NJ 08901-2115
(908) 545-5655

The Honorable Louis Stokes
Chairman
Committee on Standards of Official
Conduct
HT-2, The Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

Enclosed please find three copies of my Financial Disclosure report for 1991. I wanted to bring to your attention an item on page 6.

You will note a rental property located in Porpoise Bay, Florida. This was a second home which had never been used for the production of income until 1991 and was, therefore, not reportable. Because it will now be producing income, I have added it to my report for 1991.

Thank you for your attention to this matter.

Sincerely,

BERNARD J. DWYER
Member of Congress

BJD/lbd

Enclosures (3)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 4:35

9

MERVYN M. DYMALLY
(Full Name)

1717 Longworth House Office Building (202) 225-5425
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status [X] Member of the U S House of Representatives — State California District 31st [ ] Officer or Employee — Employing Office

Report Type [ ] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CA Legislators Retirement	Retirement	$23,460.81
	CA Teacher's Retirement	" "	4,263.24
	Consultant Services, Inc. (CSI)	Spouse Salary	24,000.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500

1067

Reporting Individual's Name
MERVYN M. DYMALLY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
S	First Federal Credit Union	X												X					X										
S	Wells Fargo Bank		X											X						X									
S	First Nationwide Bank				X									X											X				
	Freedom Financial Bank	X												X								X							
	Congressional Federal Credit Union	X												X					X										
	Malibu (James E. Forman)		X										X					Rent											

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: MERVYN M. DYMALLY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Transaction (X)
	The Escrow Alternative			X																								
	Dr. Ruth Carter			X																								
	R. Carter Prof. Dental Corp.			X																								
	Fallbrook Country Escrow				X																							
	Pathfinder Press 01/01/91-12/31/91		X															Royalties		X								

Reporting Individual's Name

MERVYN M. DYMALLY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Malibu Property, Florida (Loss B)		X		11-26-91							

Reporting Individual's Name

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
MERVYN M. DYMALLY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Foundation Emmes, Inc.		07/22/91	Roundtrip travel Train & Air from D.C. to N.Y. (UN)	
Korean Int'l. Friendship Association		06/23/91	Roundtrip Air travel from D.C. to Cumer City, China	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
MERVYN M. DYMALLY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Chair, Advisory Committee	Institute of Science, Space & Technology, Howard University

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Mervyn M. Dymally	5/10/92

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 JUN 23 PM 12:45

(9) HAND DELIVERED

MC

(Office Use Only)

MERVYN M. DYMALLY
(Full Name)

1717 Longworth House Office Building — (202) 225-5425
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State California District 31st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	(X) Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CA Legislators Retirement	Retirement	$23,460.81
	CA Teacher's Retirement	" "	4,263.24
	Consultant Services, Inc. (CSI)	Spouse Salary	24,000.00

For payments to charity in lieu of honoraria, use next page

1075

Reporting Individual's Name

MERVYN M. DYMALLY, M.C.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name

MERVYN M. DYMALLY, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X									X								X						
	182 Main Street, Dover, Delaware					X							X								X							
S	First Federal Credit Union	X												X				X										
S	Wells Fargo Bank		X											X					X									
S	First Nationwide Bank				X									X										X				
	Freedom Financial Bank	X												X							X							
	Congressional Federal Credit Union	X												X				X										
	Watts Credit Union		X											X				X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: MERVYN M. DYMALLY, M.C.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Malibu (James E. Forman)		X										X				RENT			X							
The Escrow Alternative				X										X								X				
Dr. Ruth Carter				X										X							X					
R. Carter Prof. Dental Corp.				X										X							X					
Fallbrook Country Escrow					X									X									X			
Pathfinder Press 01/01/91-12/31/91		X														Royalties		X								
Vancant Land San Bernardino, CA					X											None	X									
434 Spruce, Inglewood, CA						X										None	X									Family use
Securities Settlement Corp.		X											X				X									(Loss $200)
General Partnership in Land																										
Investment, San Diego, CA which holds:																Partnership Distribution			X							X
(Parcel No. APN 108-240-24)				X																						
(Parcel No. APN 129-70-71-73)					X																					
(Parcel No. APN 106-253-01-00)						X																				
(Parcel No. APN 127521-10)						X																				

[redacted] (Form A)

Reporting Individual's Name

MERVYN M. DYMALLY, M.C.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Malibu Property, 112 N.W. 60th Avenue, Margate, Florida (Loss B)		x		11-26-91		x					

Reporting Individual's Name

MERVYN M. DYMALLY, M.C.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Western Bank Mortgage Co.	Mortgage on 434 Spruce, Inglewood				x			

Financial Disclosure A-4

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Reporting Individual's Name
MERVYN M. DYMALLY, M.C.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Foundation Emmes, Inc.		07/22/91	Roundtrip travel Train & Air from D.C. to N.Y. (UN)	
Korean Int'l. Friendship Association		6/6-6/12/91	Roundtrip Air travel from D.C. to Tumen City, China	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: MERVYN M. DYMALLY, M.C.

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
MERVYN M. DYMALLY, M.C.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization	
Chair, Advisory Committee	Institute of Science, Space & Technology, Howard University	(Uncompensated)
Member, Bd. of Governors	British Virgin Island Community College	(Uncompensated)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Mervyn M. Dymally	6/23/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] 14 [illegible] 14 (10)

Joseph D. Early
(Full Name)

2349 Rayburn House Office Building
(Mailing Address)

Telephone

Washington, D.C. 20515 (202) 225-6101

Filer Status	[ ] Member of the U.S. House of Representatives	State ____ District ____	[ ] Officer or Employee	Employing Office ____
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date ____

HAND DELIVERED.

mc

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts(not subject to income)		
	U.S House of Representatives(not subject to income)		

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Joseph D. Early M.C.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name

I, Joseph D. Early

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE [X]

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X										X
	George Wash. Credit Union Accounts				X									X									X								
	182 Main Street, Dover, Delaware						X						X									X									

For additional assets and unearned income, use next page

Page 3 of ____

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Joseph D. Early

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	

[redacted] (Form A)

Reporting Individual's Name

Joseph D. Early

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [x]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Financial Disclosure A-3

Reporting Individual's Name

Joseph D. Early

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Commerce Bank and Trust	Personal		X					
	Wright-Patman Federal Credit Union	Personal	X						

Financial Disclosure A-4

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Reporting Individual's Name

Joseph D. Early, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4 limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Joseph D. Early

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (If needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: Joseph D. Early

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board Member	Foundation for Biomedical Research
Director	Biotechnology Center for Excellence
Trustee	Worcester County Mechanics Association

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joseph D. Early	May 14, 1992

Joseph D. Early, M/C

Positions

Position	Name of Organization
Director	Mass. Society for Medical Research
Director	Center For Living and Working, Worcester, Massachusetts
Co-Ordinator	National Committee on Community Corrections
Corporater	Worcester Art Museum
Board of Visitors	Clark University
Member	Commission on the Future of University of Massachusetts
Member	American Antiquarian Society

JOSEPH D EARLY
3D DISTRICT MASSACHUSETTS

WASHINGTON OFFICE
2349 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON DC 20515
TELEPHONE (202) 225-6101
FAX (202) 225-3181

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DISTRICT OFFICE
ROOM 203
34 MECHANIC STREET
WORCESTER, MA 01608-2497
TELEPHONE (508) 793-0718
FAX (508) 831-0918

COMMITTEE
APPROPRIATIONS

192

mc

Congress of the United States
House of Representatives
Washington, DC 20515

May 18, 1992

The Honorable Donnald K. Anderson
Office of the Clerk
H105 Capitol
Washington, D.C. 20515

Dear Mr. Anderson:

Please consider this letter as an announcement to my Financial Disclosure Statement of 1991.

Under Part VIII - Positions please add the following:

POSITION	NAME OF ORGANIZATION
BOARD OF VISITORS	HARVARD MEDICAL SCHOOL

Sincerely,

JOSEPH D. EARLY
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

HAND DELIVERED

JOSEPH D. EARLY
Worcester, Massachusetts

WASHINGTON OFFICE
345 Russell House Office Building
Washington, DC 20515
Telephone (202) 225-6101
Facsimile 225-8220

DISTRICT OFFICE
Room 303
16 Mechanic Street
Worcester, MA 01608-2497
Telephone (508) 752-4118
Fax (508) 831-8918

COMMITTEE
APPROPRIATIONS

Congress of the United States
House of Representatives
Washington, DC 20515

92 MAY 27 PM 2 20

May 18, 1992

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MC

The Honorable Donnald K. Anderson
Office of the Clerk
H105 Capitol
Washington, D.C. 20515

Dear Mr. Anderson:

Please consider this letter an announcement to my Financial Disclosure Statement of 1991.

Under Part IA, Income delete both the Commonwealth of Massachusetts and the U.S. House of Representatives.

Under Part II Assets add the Commonwealth of Massachusetts pension.

Also, under Part V Liablities please list the address of the Commerce Bank and Trust as Worcester, Massachusetts.

Sincerely,

JOSEPH D. EARLY
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

JOSEPH D. EARLY
3D DISTRICT, MASSACHUSETTS

WASHINGTON OFFICE
2349 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
TELEPHONE (202) 225-8101
FAX (202) 225-3181

HAND DELIVERED

DISTRICT OFFICE
ROOM 203
34 MECHANIC STREET
WORCESTER, MA 01608-2497
TELEPHONE (508) 752-8718
FAX (508) 831-9918

COMMITTEE
APPROPRIATIONS

Congress of the United States
House of Representatives
Washington, DC 20515

May 18, 1992

The Honorable Donnald K. Anderson
Office of the Clerk
H105 Capitol
Washington, D.C. 20515

92 MAY 27 PM 2 20

Dear Mr. Anderson:

Please consider this letter as an announcement to my Financial Disclosure Statement of 1991.

Under Part VIII - Positions please add the following:

POSITION	NAME OF ORGANIZATION
BOARD OF VISITORS	HARVARD MEDICAL SCHOOL

Sincerely,

JOSEPH D. EARLY
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 91 MAR 22

Joseph D. Early
(Full Name)

2349 Rayburn House Office Building
(Mailing Address)

Telephone
Washington, D.C. 20515 202-225-6101

Filer Status	[X] Member of the U.S. House of Representatives	State Massachusetts District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Joseph D. Early M.C.

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name

Joseph D. Early

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
	Commonwealth of Massachusetts (pension																														
	unable to determine at this date)																														

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Joseph D. Early

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

(Form A)

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Reporting Individual's Name

Joseph D. Early

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE [x]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Joseph D. Early

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Commerce Bank and Trust,240 Main St.Worcester Mass	Personal		x					
	Wright Patman Credit Union	Personal	x						

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Reporting Individual's Name: Joseph D. Early, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	GIFT (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Joseph D. Early

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	GIR (X)

Reporting Individual's Name
Joseph D. Early

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board Member	Foundation for Biomedical Research
Director	Biotechnology Center for Excellence
Trustee	Worcester County Mechanics Association

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C. app 6, § 101 et seq). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U S C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joseph D Early	May 14, 1992

OPE 1991 80-269 (m)

Joseph D. Early, M/C

Positions

Position	Name of Organization
Director	Mass. Society for Medical Research
Director	Center For Living and Working, Worcester, Massachusetts
Co-Ordinator	National Committee on Community Corrections
Corporater	Worcester Art Museum
Board of Visitors	Clark University
Member	Commission on the Future of University of Massachusetts
Member	American Antiquarian Society
Board of Visitors	Harvard Medical School

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(A)

92 15 PM 2 13

DENNIS E. ECKART
(Full Name)

1111 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515 (202) 225-6331
Telephone

HAND DELIVER

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 11th	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1107

Reporting Individual's Name
DENNIS E. ECKART

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X								X								
	Metropolitan Savings Bank						X									X								X							
	NVR Savings CD & Checking					X										X							X								
	Riggs Bank CD & Checking					X										X						X									
	House Credit Union (Savings)				X											X					X										
	McDonald & Co. (Stock)					X								X							X										
	Conrail (Stock)					X								X							X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DENNIS E. ECKART

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income														BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Merrill Lynch (IRA)			X																X									
	Coins & Stamps			X															X										

[redacted] (Form A)

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Reporting Individual's Name

DENNIS E. ECKART

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

1110

Reporting Individual's Name
DENNIS E. ECKART

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H OVER $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Financial Disclosure A-4

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Reporting Individual's Name
DENNIS E. ECKART

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

REPORTING INDIVIDUAL'S NAME
DENNIS E. ECKART

PART VII-"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, AND ENTERTAINMENT

SOURCE	DATE	BRIEF DESCRIPTION
Keystone Center (panelist)	Jan. 7-9	2 nights food & lodging Aspen, Colorado (self/spouse)
Baker & Hostetler (speech)	Feb. 15-17	Air travel from Cleveland to Orlando to Wash D.C. 2 nights food & lodging (self)
National Cable Television Assn (speech)	Mar. 23-25	Air travel Wash D.C. to New Orleans to Ft. Meyers Fl. 2 nights food & lodging (self)
Electronics Industry Assn (speech)	Mar. 25-28	Air travel Ft. Meyers to Wash D.C. for (self). 3 nights food & lodging (self/spouse). Roundtrip Air Wash. D.C. to Ft. Meyers for (spouse)
General Motors (fact finding)	April 12	Roundtrip Air travel Wash to Detroit, (self/son)
MCI (speech)	April 18-21	Roundtrip Air travel Wash D.C. to Savannah 3 nights food & lodging (self and spouse)
British Petroleum (board meeting/ speech)	April 24	Roundtrip Air travel Wash D.C. to Cleveland & dinner (self)
Kirksville College of Osteopathic Medicine (speech)	June 2	Roundtrip Air travel Wash D.C. to St. Louis MO (self)
Pfizer Inc. (fact finding)	June 28 - July 2	Air travel Wash D.C. to London 3 nights food & lodging (self/spouse)
British Petroleum (fact finding)	July 2-8	Air travel London to Wash D.C. Roundtrip Air travel London to Aberdeen, Scotland 6 nights food & lodging (self/spouse)

Mid-Continent Oil & Gas Association (fact finding)	July 11-13	Roundtrip Air travel Wash D.C. to New Orleans, 2 nights food & lodging (self)
National Cable Television Assn (fact finding)	Aug. 11-13	Air travel Wash D.C. to Denver to Minneapolis 2 nights food and lodging (self/son)
Interlake Steamship Company (fact finding)	Aug. 13-15	Air travel from Minneapolis to Marquette (self/son) Boat travel Marquette to Ashtabula, Ohio (self/son)
IRBY Foundation (celebrity part. fundraiser)	Oct. 5-6	Roundtrip Air travel Wash D.C. to Houston (self)
Central Station Alarm Association (speech)	Nov. 9-11	Roundtrip Air travel Wash D.C. to San Juan, Puerto Rico 2 nights food and lodging (self/spouse)

Reporting Individual's Name
DENNIS E. ECKART

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 2 35

HAND DELIVERED

mc

(Office Use Only)

Thomas Chester Edwards
(Full Name)

2736 Lake Shore Drive #1008
(Mailing Address)

Waco, Texas 76708
Telephone: (817) 757-3055

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Texas State Senate	Final Salary Payment	$678.00
	Congressional Golf Tournament (longest drive)	Golf Bag	$349.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Thomas Chester Edwards

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
None				

Reporting Individual's Name

Thomas Chester Edwards

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X										X					
			182 Main Street, Dover, Delaware					X						X									X							
	Wright Patman Credit Union Accounts 2nd & D Street, Wash. D.C,				X										X						X									
	Central National Bank Accounts P.O. Box 2525, Waco TX				X										X					X										

For additional assets and unearned income, use next page

Reporting Individual's Name

Thomas Chester Edwards

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: Thomas Chester Edwards

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del.				X			
	Team Bank, Dallas TX	Loan		X					

1120

Reporting Individual's Name: Thomas Chester Edwards

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4 limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Mr. and Mrs. Tom White, Dallas TX	Pair of black shoes (Christmas gift)	$140
21st Annual Lombardi Tournament of Champions (Charity for Cancer)	Golf items as participant in Charity Golf tournament	$125

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Danny Thompson Memorial Golf Tournament (Charity)	April 21-25, 1991	Roundtrip airfare from Dallas/Ft.Worth to Sun Valley, Idaho, meals and 4 nights lodging	
Ninth Annual Congressional Charity Golf Tournament	Sept. 7-8 1991	Meals and 2 nights lodging	
Gen. Robert E.L. Eaton--New Jersey Golf Trip	Oct. 5-6 1991	Meals and 1 night lodging, and green fees	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Thomas Chester Edwards

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Chet Edwards	MAY 14, 1992

GPO 1991 50-287 (R)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 2 09

HAND DELIVERED

mc (Office Use Only)

Don Edwards
(Full Name)

2307 Rayburn HOB (202) 225-3072
(Mailing Address) Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State California District 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Peace Through Law Education Fund, Washington, DC (Wife)	Spouse Salary	$10,500
	Arms Control & Foreign Policy Caucus (Wife)	Spouse Salary	25,000

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
DON EDWARDS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name
DON EDWARDS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
California Income Tax Refund																								X								
Tax Refund, District of Columbia																								X								
Congressional Credit Union					X											X						X										

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DON EDWARDS

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		I DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Dreyfus Money Market Fund (Wife)				X											X						X							
Wright Patman Credit Union (Wife)					X								X									X						
Bank/New York Savings (Wife)				X									X							X								
Riggs National Bank (Wife)				X									X							X								
Tri Continental Corp Common Stock (Wife)						X																						
Dividends:											X											X						
Capital Gains:														X									X					
Bank of America (Checking)					X								X									X						
Tax Exempt Money Market Fund					X								X									X						
California State Bond (11)								X					X												X			
City of Los Angeles Bond							X						X										X					
So. Cal Public Power Authority				X									X								X							
Temecula Cal School District				X									X								X							
Whittier Health Rev				X									X								X							

[redacted] (Form A)

Reporting Individual's Name

DON EDWARDS

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Santa Clara County Tax Note (Maturity)				8/8/91					X		
	State of Calif Gen'l Obligation Bond (Maturity)				1/8/91			X				
	State of Calif Zero Coupon Bond (Investment)	X			1/4/91			X				
	Los Angeles City General Obligation Bond (Investment)	X			8/8/91						X	
	Temecula Valley School District Bond (Investment)	X			1/4/91			X				
	State of Calif General Obligation Bond (Investment)	X			3/11/91				X			
	State of Calif General Obligation Bond (Investment)	X			3/11/91			X				
	City of Industry General Obligation Bond (Investment)	X			1/8/91		X					

Reporting Individual's Name
DON EDWARDS

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
DON EDWARDS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Center of International Policies	Feb 14-18, 1991	Roundtrip air travel from Wash, DC to Panama	
		Food & lodging for self and spouse	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
DON EDWARDS

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Don Edwards	May 15, 1992

GPO 1991 50-267 (m)

INSIDE MAIL

DON EDWARDS
10TH DISTRICT, CALIFORNIA

COMMITTEE ON
JUDICIARY

CHAIRMAN
SUBCOMMITTEE ON
CIVIL AND
CONSTITUTIONAL RIGHTS

COMMITTEE ON
VETERANS' AFFAIRS

Congress of the United States
House of Representatives
Washington, DC 20515-0510

WASHINGTON OFFICE
(202) 225-3072

DISTRICT OFFICES
1042 WEST HEDDING STREET
SUITE 100
SAN JOSE, CA 95126
(408) 247-1711

38750 PASEO PADRE PARKWAY
FREMONT, CA 94536
(510) 792-5320

May 21, 1992

The Honorable Donnald Anderson
Clerk
U.S. House of Representatives
HT-2 The Capitol

RE: Ethics Report for 1991
ATTENTION: Ms. Ellen Weintraub

Dear Mr. Anderson:

My report needs corrections/additions as follows:

1. Parts III Assets -- Add
Whittier California Health Fac. Rev.
A municipal bond, was purchased 8/31/90.
Value F ($250,000 - 500,000)

2. Assets -- Add
Clyda Guggenberger Note. Value H

3. Part VII -- Trips, etc.
Trip to Panama in February, 1991 was for fact finding regarding conditions in that country after the American invasion.

I regret my oversight in the above. Thank you for your assistance.

Sincerely,

Don Edwards

Don Edwards
Member of Congress

DE:db

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 15 PM 3 17

(7)

INSIDE MAIL

Congressman Mickey Edwards
(Full Name)

2300 Raybarn House Office Building
(Mailing Address)

Washington, D.C. 20515 Telephone (202) 225-2132

Filer Status	X Member of the U.S. House of Representatives	State: OK District: 5	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Tarmination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA--EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE XX

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Mickey Edwards

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Labor Policy Association, Washington, D.C.	Speech	Sept. 11, 1991	$2,000
Connell Rice & Sugar Co., Inc., New York	Speech	Aug. 16, 1992	$2,000

Reporting Individual's Name
Mickey Edwards

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE [XX]

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			162 Main Street, Dover, Delaware					X							X									X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Mickey Edwards

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: Mickey Edwards

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Connell Rice & Sugar So., Inc.	4 tickets to Les Miserable	$240

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute Inc.	Mar. 14-16	Roundtrip train travel from D.C. to Princeton, 2 days food & lodging for self	
Connell Rice & Sugar Co., Inc.	Aug. 16-18	Roundtrip train travel from D.C. to New York, 2 days food & lodging for self & son	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Mickey Edwards

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE XXX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Mickey Edwards

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Chairman	The Renascence Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Mickey Edwards	May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 15 PM 2 24

HAND DELIVERED

Norvell William Emerson
(Full Name)

2454 Rayburn Building
(Mailing Address)

Washington DC 20515 — Telephone (202) 225-4404

Filer Status	X Member of the U.S. House of Representatives	State Missouri District 8th	☐ Officer or Employee	Employing Office
Report Type	X Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	National Restaurant Association	Spouse salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Norvell William Emerson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	National Restaurant Association	Appearance	May 17-19, 1991	$1,000
	National Association of Margarine Manufacturers	Speech	April 11-14, 1991	$2,000

Reporting Individual's Name
Norvell William Emerson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																						Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Exam-ple:	S	ABC Corporation Stock			X									X								X												X
			George Wash. Credit Union Accounts				X									X										X									
			182 Main Street, Dover, Delaware					X								X									X										
	1417 Amblewood, Cape Girardeau, MO								X							X											X								
	1310 Lexington, Cape Girardeau, MO						X									X									X										

For additional assets and unearned income, use next page

Reporting Individual's Name
Norvell William Emerson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Norvell William Emerson

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Boatmen's Bank, Cape Girardeau, MO	Mortgage on 1417 Amblewood			x				
	Mercantile Bank, Cape Girardeau, MO	Mortgage on 1310 Lexington		x					
	Bank of Sikeston, Sikeston, Missouri	Home Equity Loan			x				
	Commercial Bank, Gideon, Missouri	Personal Loan		x					

Reporting Individual's Name
Norvell William Emerson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$185

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
United Fresh Fruit and Vegetable Association	1/31/91 - 2/4/91	Roundtrip airfare from Washington to Los Angeles, 4 days food and lodging, self and daughter	
The Congressional Institute, Inc.	3/14-16/91	Roundtrip train fare from Washington to Princeton, 2 days food and lodging, self and family	
National Association of Margarine Manufacturers	4/11-14/91	Roundtrip airfare from Washington to Jacksonville, Florida 3 days food and lodging	
National Restaurant Association	5/17-19/91	Roundtrip airfare from Washington to Chicago, 2 days food and lodging	
Cotton Warehouse Association of America	6/20-23/91	Roundtrip airfare from Washington to Montreal, Canada, 3 days food and lodging for self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Norvell William Emerson

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
National Turkey Federation	7/14-15/91	Roundtrip airfare from Washington to Columbia, Missouri, One day food and lodging.	
American Sugar Alliance	8/10-13/91	Airfare from Washington to Denver to St. Louis, 2 days food and lodging (one day at own expense).	

Reporting Individual's Name
Norvell William Emerson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Member, Board of Governors	Capitol Hill Club

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Bill Emerson	May 15, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

(Office Use Only)

Rep. Eliot L. Engel
(Full Name)

1213 Longworth HOB, Washington, DC 20515 — 202/225-2464
(Mailing Address) — Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 19th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City University of New York/Lehman College	Approved Teaching Fee	$4564.00
	Monroe College	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Rep. Eliot L. Engel

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Sioux Valley Electric Cooperative, Colman, SD	Speech	Oct. 26, 1991	$1,000
State of Israel Bonds, New York, NY	Speech	Dec. 02, 1991	$1,500

Reporting Individual's Name: Rep. Eliot L. Engel

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock			X									X								X								X
George Wash. Credit Union Accounts				X										X									X					
182 Main Street, Dover, Delaware					X								X									X						
Marine Midland Bank			X											X						X								
Cong. Federal Credit Union			X											X							X							
Dreyfus Money Market			X									X								X								
First American Bank			X											X							X							

For additional assets and unearned income, use next page

Reporting Individual's Name
Rep. Eliot L. Engel

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Rep. Eliot L. Engel

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Rep. Eliot L. Engel

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [x]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical Association	3/8-10, 1991	Roundtrip Air from NYC to Fort Myers, Fla., 2 days food and lodging, self and spouse	
Aspen Institute	3/31-4/6, 1991	Travel within South Africa, 7 days food and lodging, self and spouse	
United Community and Housing Development Corp./Agudath Isr.	7/2-8, 1991	Roundtrip Air from NYC to Los Angeles, 3 days lodging, self and spouse	
Ross Engineering and Northwest Airlines	8/10-22, 1991	Roundtrip Air from Washington to Beijing (8/10-11); Shanghai to Hong Kong (8/17); Hong Kong to Tokyo	
		(8/20); Tokyo to NYC (8/22), self and spouse. Extra days (8/20-22) spent on Committee business.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Rep. Eliot L. Engel

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Ross Engineering and Northwest Airlines (continued)	8/10-22, 1991	Lodging and meal expenses for five days, self and spouse.	
American Heart Association	10/3-4, 1991	Roundtrip Air from Washington to Columbus, Ohio and return to NYC, one night lodging and food, self.	
AIPAC	10/21-22, 1991	Roundtrip Air from NYC to Atlanta and return to Washington, one night lodging and food, self.	
Sioux Valley Electric Coop.	10/26-27, 1991	Roundtrip Air from New York City to Sioux Falls, SD, one night lodging and food, self.	
State of Israel Bonds	12/2-4, 1991	Roundtrip Air from New York City to Palm Beach, Fla., 2 nights lodging, one dinner, self.	

Reporting Individual's Name
Rep. Eliot L. Engel

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Eliot L. Engel	May 13, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 3:03
MONITORING

(8)

Glenn Lee English, Jr.
(Full Name)

9500 Clarks Crossing Road Vienna, VA 22182
(Mailing Address)

703-938-5711
Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State OK District 6	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Jan English Interiors, Vienna, VA	spouse salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Glenn Lee English, Jr.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
none				

Reporting Individual's Name
Glenn Lee English, Jr.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	family farm (40 acres), Cordell, OK						X								X								X									
	family farms (30 acres), Sentinel, OK						X								X								X									
	minerals (30 acres), s.e. of Cordell, OK						X												none													
	minerals (20 acres), w. of Clinton, OK						X												none													
	minerals (20 acres), s.e. of Cordell, OK						X												none													
	house and lot, Cordell, OK						X								X									X								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Glenn Lee English, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Cong. Federal Credit Union accounts				X									X								X						

[redacted] (Form A)

Reporting Individual's Name
Glenn Lee English, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Glenn Lee English, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Congressional Federal Credit Union	home equity loan		X					

Financial Disclosure A-4

Reporting Individual's Name
Glenn Lee English, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Futures Industries Assoc.	Mar. 15-17, 1991	roundtrip airfare from Wash., DC to Boca Raton, FL 3 days, 2 nights food and lodging, self and spouse	
Cong. Charity Golf Tournament	Sept. 6-8, 1991	roundtrip ground transportation from Rosslyn VA to White Sulpher Springs, W.Va., 3 days, 2 nights food and lodging, self only	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Glenn Lee English, Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5-14-92

GPO 1991 5[illegible]-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(15)

Congressman Ben Erdreich
(Full Name)

2625 Highland Avenue
(Mailing Address)

Telephone

Birmingham, Alabama 35205 205/731-0956

Filer Status	[X] Member of the U S House of Representatives	State Alabama District 6th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED
MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Independent Presbyterian Church	Spouse Speech	$200.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Congressman Ben Erdreich

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Alabama Dental Alumni Association	Speech	May 20, 1991	$500.00

Reporting Individual's Name: Congressman Ben Erdreich

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Year End Value (X): None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	Example: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware						X						X									X							
	Trust u/w/o Benjamin Leader (See Attach. B)							X				X	X	X				Trust Distrib.						X					
	Wright Patman Cong. Credit Union		X											X							X								
	Camelot Apts., Dothan, Al. (33 1/3 interest)							X					X	X												X			
	AmSouth Bank of B'ham., Al.				X									X				Checking Savings Acct.					X						
	BENSTANCO (investment partnership) (See Attach. A)							X				X		X	X			Partnership Distribution						X					
	Trust u/w/o/ Mary L. Leader (See Attach. C.)							X				X	X	X	X			Trust Distribution							X				

For additional assets and unearned income, use next page

Page ____ of ____

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Ben Erdreich

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	(commercial rental prop.) East End Partnership, B'ham., Al				X								X						X									
	(unimproved realty, 5% interest) Springwoods, LTD., Dothan, Al.				X														X									
	Shearson Lehman Brothers (IRA)			X								X		X					X									
	Stocks (See Attach. D)				X							X									X							
DC	Federated Prime Cash Series			X										X						X								
S	Shearson Lehman Brothers (IRA)			X								X		X					X									

[redacted] (Form A)

Page ____ of ____

Financial Disclosure A-2(a)

Reporting Individual's Name: Congressman Ben Erdreich

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	(The following are my personal or spouse's stocks)											
	AT&T		X		1/23/91	X						
	Bell Atlantic		X		1/23/91	X						
	Bell South		X		1/23/91	X						
	Nynex		X		1/23/91	X						
	Pactel		X		1/23/91	X						
	Southwestern Bell		X		1/23/91	X						
	U.S. West		X		1/23/91	X						
	American Information Tech.		X		1/23/91	X						
	(The following are holdings under BENSTANCO)											
	AmSouth		X		5/6/91		X					
	AmSouth		X		5/7/91	X						
	Golden Enterprises		X		5/7/91	X						
	First AmFed		X		5/21/91	X						
	Alabama By-Products		X		5/7/91			X				
	American General	X			1/7/91	X						
	IBM	X			5/7/91	X						

Reporting Individual's Name

Congressman Ben Erdreich

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Southern Company	X			5/22/91	X						
	Bell South	X			8/9/91	X						
	U.S. Treasury Notes	X			2/15/91		X					
	General Motors Debentures	X			5/22/91	X						
	Commercial Credit Medium Term	X			5/15/91	X						
	U.S. Life Notes	X			6/7/91	X						
	Citicorp Notes	X			5/10/91	X						
	(The following are holdings under Mary Leader)											
	Allied Signal		X		3/19/91	X						
	Durr Fillauer Medical		X		3/19/91	X						
	Sears		X		3/19/91	X						
	AmSouth		X		5/6/91	X						
	Coca Cola		X		5/6/91		X					
	Alabama By-Products A&B		X		5/8/91				X			
	Energen	X			7/24/91	X						
	IBM	X			5/7/91	X						
	Southern Company	X			5/22/91		X					

Reporting Individual's Name

Congressman Ben Erdreich

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Aetna Life & Casualty Co.	X			9/5/91	X						
	Kmart Corp. PFD	X			10/25/91	X						
	Citicorp Notes	X			5/10/91	X						
	U.S. Treasury Notes	X			5/15/91		X					
	General Motors Acceptance	X			5/22/91		X					
	Commercial Credit Co. Note	X			5/28/91		X					
	Phillip Morris Notes	X			6/7/91		X					
	U.S. Life Corp Note	X			6/7/91	X						
	U.S. Air Group Inc. Depository	X			6/27/91	X						
	American General Note	X			7/25/91		X					

Reporting Individual's Name
Congressman Ben Erdreich

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	AmSouth Bank Loan, B'ham., Al	BENSTANCO Investment (multi-family rental prop.,Dothan, Al.)			X				
	American Savings & Loan, Miami, Fla.	Mortgage (multi-family rental prop.,Dothan, Al.)					X		
	Alliance Mgt. Co., Jacksonville, Fla.	Mortgage				X			

Reporting Individual's Name: Congressman Ben Erdreich

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Petroleum Inst./BP Exp., Inc..		Aug. 10-21	Roundtrip airfare from D.C./Anchorage/D.C., 4 days meals & lodging for self & spouse; 7 days at own expense	
Invitational Program of the Japanese for Advanced Countries approved by the Mutual Educ. & Cultural Exchange Act.		Dec.8-18	Roundtrip airfare from D.C./Narita/Osaka/D.C., 10 days meals, lodging for self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Congressman Ben Erdreich

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Partner	Camelot Apts., Dothan, Al.
Trustee	Trust u/w/o Benjamin Leader (See Attach. B)
Trustee	Trust u/w/o Mary L. Leader (See Attach. C.)
Partner	BENSTANCO Investment partnership (See Attach. A.)
	(Continuation of Part VIII on Attach. E.)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) — Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ben Erdreich

DATE (Month, Day, Year): 5-15-92

GPO 1991 50-267 (m)

ATTACHMENT A: BENSTANCO

I own an undivided 14.08% interest in stocks, bonds, realty, and cash of BENSTANCO, an investment partnership. Also, through Trust u/w/o Benjamin Leader, I am the beneficial owner of an undivided 15.80% interest in said stocks, realty, and cash. My total holdings are Category of Value G under Part II and III. All income was received as distribution by the partnership. The following assets were held by the partnership during the year and income therefrom is also shown:

	CATEGORY OF VALUE	CATEGORY OF AMT.OF INCOME
ALFA Corporation	B	II
American General Corp.	B	II
American Tel & Tel	C	III
AlaTenn Resources	B	II
BellSouth Corp.	B	II
Big B, Inc.	B	I
Bruno's	D	II
Delchamps, Inc.	C	II
Eastman Kodak	C	III
First Ala Bancshares	C	III
First Commercial Bancshares	B	II
Golden Enterprises	B	II
Intl. Business Mach.	B	II
Liberty Corporation	B	II
Maytag Co.	B	II
Pacificorp	C	III
QMS, Inc.	C	I
Russell Corp	D	II
Southern Corp	B	II
Temple-Inland, Inc.	B	I
Torchmark Corp	C	II
Federated Prime Cash Series	C	III
S.P. Hotel	B	None
BONDS		
Citicorp	B	II
Commercial Credit Med. Term	B	II
General Motors Acceptance Corp	B	II
U.S. Treasury Notes	B	II
U.S. Life Corp. Note	B	II

ATTACHMENT B: Trust u/w/o BENJAMIN LEADER

I have beneficial interest in 1/3 of the holdings of above trust. My ownership under said Trust within BENSTANCO is detailed (ATTACHMENT A). The real estate holdings are:

IDENTITY	CATEGORY
West half of Lot 7, Block 98, Birmingham, Al (improved rental property)	C
Undivided 1/2 interest, Lot 9, Block 105, Birmingham, Al (improved rental property)	C
Undivided 1/3 interest, Lot 12, Block 82, Birmingham, Al (unimproved rental property)	B
Springwoods, Ltd., Dothan, Al 28 acres unimproved, 45% interest	C
Condominium, Highland Ave., Birmingham, Al	C

ATTACHMENT C: Trust u/w/o MARY L. LEADER

I have a life interest in 1/3 of the holdings of the above trust. My total holdings are Category of Value F under part II and III. All income was received as distribution by the trust. The following assets were held by the trust during the year and income therefrom is also shown:

	CATEGORY OF VALUE	CATEGORY OF AMT.OF INCOME
2617 N. 24th Street Birmingham, Al (improved rental prop.)	D	V
Aetna Life & Casualty Co.	B	II
American Information	B	II
American Telephone & Telegraph Co.	C	II
Bell Atlantic Corp.	B	II
Bell South Corp.	C	II
Central Bancshares Of The South	B	II
Coca Cola Company	D	II
Colgate-Palmolive Co.	B	II
Durr Fillauer Medical Inc.	B	I
Energen Corp	B	II
Exxon Corp	B	II
General Electric Co.	C	II
International Business Machines	B	II
K Mart Corp.	B	II
Pacific Telesis Group	B	II
Pfizer Inc.	C	II
Scana Corp	B	II
Southern Company	C	III
Texaco Inc.	B	II
Torchmark Corp.	C	II
USX-Marathon Group*	B	II
USX Corp.*	A	I
Union Pacific Corp.	B	II
US Air Group	B	II
Federated Prime Cash Series	C	II
*Corporate restructure		
BONDS		
American Gen. Corp. Note	C	III
Citicorp	B	II
Commercial Credit Co.Not	C	III
General Motors Accep. Corp.	C	III
Philip Morris Co., Inc.	C	III
U.S. Treasury Notes	C	III
U.S. Life Corp. Note	B	II

ATTACHMENT D: Stocks

These are my personal or my spouse's holdings of the stocks listed below.

STOCK	CATEGORY
Alabama By Products Corp.	A
Big "B"	A
I.B.M.	A
Atlantic Richfield	A

ATTACHMENT E: PART VIII- POSITIONS

POSITIONS	NAME OF ORGANIZATION
Trustee	Trust u/w/o Stanley M. Erdreich, Sr.
Partner	Springwoods, LTD (unimproved realty, (Dothan, Al.)
Board of Directors	Operation New Birmingham

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 4:40
U.S. HOUSE OF REPRESENTATIVES

(16)

HAND DELIVERED

MC (Office Use Only)

A. Michael Espy
(Full Name)

103 Lakepointe Drive
(Mailing Address)

Madison, Mississippi

Telephone: 601-856-9419

Filer Status	☑ Member of the U.S. House of Representatives — State: MS District: 2nd	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☑

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1178

Reporting Individual's Name
A. Michael Espy

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Chemical Producers + Distributors Assoc.	Speech	Feb. 5, 1991	$500
American School Food Service	Speech	Feb. 27, 1991	$1,000
McDonald's Corporation	Speech	April 16, 1991	$1,000
Chicago Board of Trade	Speech	June 28, 1991	$750
National Optometric Assoc.	Speech	July 13, 1991	$1,000
National Business League	Speech	Oct. 18, 1991	$1,000

Reporting Individual's Name
A. Michael Espy

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X									X
			George Wash. Credit Union Accounts				X								X									X							
			182 Main Street, Dover, Delaware					X						X									X								
U. S. House of Representatives (salary)																																
Wright-Patman Credit Union (money market)					X										X							X									
Equivest Insurance Co					X								X									X									
Gulf Holding Inc.					X								X									X									
Merrill Lynch Money Man. Acct					X										X						X										
Rent Home, Yazoo City, Ms. (& int.)						X								X								X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: A. Michael Espy

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Mac Bank, Yazoo City MS			X										X						X									

Reporting Individual's Name
A. Michael Espy

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☑

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
A. Michael Espy

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Wright Patman Credit Union	loan secured by shares	X						

Reporting Individual's Name: A. Michael Espy

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ✓

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Mississippi Pkwy Commission		JAN 26, 1991	Lodging	
Business Executive Nat'l Security		JAN. 28, 1991	Airfare from Jackson to New York to D.C., Lodging	
Federation of Southern Cooperatives		MAR. 1, 1991	Airfare from Washington to Los Angeles to Jackson, MS, Lodging.	
Nat'l Health Policy Institute		MAR 25, 1991	Lodging	
Washington, Hackett, Smith Co.		April 25, 1991	Airfare from Washington to New Orleans	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
A. Michael Espy

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Department of Housing, Urban Dev.	Aug. 22, 1991	Airfare from Jackson to Washington, DC (round-trip)	
West Tennessee Econ. Dev. Assoc.	Sept. 10, 1991	Airfare from Jackson, MS to Jackson, MS to Washington, DC.	
Aberdeen Public Schools	Nov. 1, 1991	Airfare from Washington to Columbus, MS	
Rural Housing Assistance Council	Dec. 12, 1991	Airfare from Jackson to Washington, Lodging	
Florida Democratic Party	Dec. 13, 1991	Airfare from Washington to Orlando, FL to Jackson, Lodging	
Jefferson County Minority Bus. Owners Pine Bluff, Arkansas	Dec. 21, 1991	Lodging	

Reporting Individual's Name: A. Michael Espy

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member	Food, Research and Action Center, Washington, DC.
Board of Trustees	Stennis Center for Public Service, Starkville, MS
Member - Board of Regents	Santa Clara University - Santa Clara, CA

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ✓

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1992

Financial Disclosure 1992, reporting perior

A. MICHAEL ESPY

PART VIII - POSITIONS, Continue

Positions	Name of Organization
Member-Board of Trustees	Project VOTE! Washington, D.C.
Member-Board of Trustees	Congressional Management Foundation Washington, D.C.
Member-Board of Directors	New York Children's Health Project New York City, NY

Mike Espy
Financial Disclosure
Reporting Period May 15, 1992

January 1991

January 4,	Speaker, Legislative Conference Minact, Inc. Jackson, Mississippi
January 13,	Speaker, Martin Luther King Jr. Celebration Carver Middle School Indianola, Mississippi
January 14,	Speaker, Southern Agriculture/Business Forum Stennis Center for Public Service Jackson, Mississippi
January 16,	Speaker, Legislative conference Mississippi Soil Conservation District Jackson, Mississippi
January 18,	Speaker, Association Conference Magnolia Bar Association Jackson, Mississippi

February 1991

February 2,	Guest speaker, Black Heritage Program Church of Christ Mound Bayou, Mississippi
February 8,	Guest speaker, Black Heritage Program Callaway High School Jackson, Mississippi
	Speaker, Rural Health Forum Parkview Regional Medical Center Vicksburg, Mississippi
	Speaker, Government and Social Studies Classes Vicksburg High School Vicksburg, Mississippi
February 11,	Speaker, Black Heritage Program St. Andrews Episcopal School Jackson, Mississippi
February 12,	Guest speaker, Eagle Scouts Banquet Mississippi Eagle Scouts Cleveland, Mississippi

Page #2, Congressman Mike Espy, Financial Disclosure Reporting Period, May 15, 1992

February 14, Guest speaker, Breakfast meeting
Port City Kiwanis Club
Vicksburg, Mississippi

February 15, Guest speaker, Black Heritage Program
Yazoo High School
Yazoo City, Mississippi

Guest speaker, Honors Award Programs
Yazoo Jr. High School
Yazoo City, Mississippi

February 16, Guest speaker, Federal Perspective
Mississippi Conference of Black Mayors
Clarksdale, Mississippi

February 17, Guest speaker, Black Heritage Program
Orange Hill Baptist Church
Bolton, Mississippi

February 19, Guest speaker, HEADWAE Program
Mississippi Institutions of Higher Learning
Jackson, Mississippi

February 22, Guest speaker, Government Class lecture
West Bolivar High School
Rosedale, Mississippi

February 23, Guest speaker, Annual State Convention
Mississippi Communication Workers of America
Jackson, Mississippi

March 1991

March 4, Speaker, Religious Leadership Conference
Mississippi Religious Congregation
Galloway United Methodist Church
Jackson, Mississippi

March 7, Speaker, AIPAC Conference
New York City AIPAC, Membership
Washington, D.C.

March 24, Speaker, African-American Heritage Program
Buttons & Bows Day Care Center &
Wesley United Methodist Church
Vicksburg, Mississippi

page #3, Congressman Mike Espy, Financial Disclosure Reporting Period, May 15, 1992

March 28,	Speaker, Southern Regional Housing Conference National Assoc. of Resident Manager Corporation Greenville, Mississippi

April 1991

April 3,	Guest speaker, Legislative update Kiwanis Club of Jackson Jackson, Misssisippi
April 4,	Speaker, Central District Congressional update Mississippi Power and Light Company Jackson, Mississippi

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May 1991

May 11,	Speaker, Graduation Holmes Community College Goodman, Mississippi
May 24,	Speaker, Luncheon Mississippi Trail Lawyers Association Jackson, Mississippi
May 25,	Speaker, Elderly Housing Dedication ceremony National Council on Aging Marks, Mississippi

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June 1991

June 7,	Guest speaker, Graduation East Flora High School Flora, Mississippi
June 12,	Guest speaker, National Conference National Community Action Foundation Washington, D.C.
June 17,	Guest speaker, Safety Forum National Institute for Farm Safety Jackson, Mississippi

page #4, Congressman Mike Espy, Financial Disclosure Reporting Period, May 15, 1992

June 19,	Opening Speaker, Annual Dinner Food Research and Action Washington, D.C.
June 27,	Speaker, Executive Mentor Program Federal National Mortage Association Washington, D.C.
June 29,	Speaker, Ground Breaking Ceremony Tutwiler Community Education Center Tutwiler, Mississippi
July 8,	Speaker, Special reading Bailey Secondary Alternative School Jackson, Mississippi
July 19,	Speaker, Closing remarks Freedom Riders Commemorative Conference Tougaloo, Mississippi
July 26,	Speaker, Public Policy Conference Jackson State University Jackson, Mississippi
July 29,	Speaker, Education Grants Announcement Mississippi Institutions of Higher Learning Jackson, Mississippi

<u>August 1991</u>

August 10,	Speaker, Plant Opening ceremony McCarty Farms, Inc. Vicksburg, Mississippi
August 13,	Speaker, Annual Conference luncheon Electric Power Association of Jackson Jackson, Mississippi
August 24,	Speaker, Plant Opening ceremony McCarty Farms, Inc. Canton, Mississippi
August 25,	Special guest, Radio Call-in Talk Program WKPG Radio Port Gibson, Mississippi

Page #5, Congressman Mike Espy, Financial Disclosure Reporting Period, May 15, 1992

August 27, Guest speaker, Annual Conference
Mississippi Association of Community Action Agencies
Jackson, Mississippi

August 28, Speaker, Employee Appreciation Program
Irvin Automotive Manufacturing
Greenwood, Mississippi

October 1991

October 25, Speaker, Drug prevention program
Duck Hill Elementary School
Duck Hill, Mississippi

Speaker, Luncheon
National Blacks in Criminal Justice Conference
Jackson, Mississippi

October 26, Speaker, A. Phillip Randolph Conference
Teamsters Union
Jackson, Mississippi

October 31, Speaker, Healthcare forum
Sunbelt Caucus
Washington, D.C.

November 1991

November 9, Speaker, War Memorial Dedication Ceremony
City Yazoo Mississippi
Yazoo City, Mississippi

Speaker, NAACP Lawyers Luncheon
Mississippi NAACP State Conference
Clarksdale, Mississippi

Page #6, Congressman Mike Espy, Financial Disclosure Reporting Period, May 15, 1992

<u>December 1991</u>

December 3,	Speaker, Annual conference Central Mississippi Medical Society Jackson, Mississippi
December 6,	Speaker, 56th Anniversary Conference Lower Mississippi Valley Flood Control Assoc. New Orleans, Louisiana
December 7,	Speaker, Memorial Day Service Vicksburg National Military Park Vicksburg, Mississippi
	Speaker, Career Day Seminars Mississippi Forward Foundation Vicksburg, Mississippi
	Speaker, Freedom Fund Banquet Clinton Branch, NAACP Clinton, Mississippi
December 17,	Speaker, Flag Dedication Ceremony Marshall Elementary Schoool Jackson, Mississippi

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 AM 11: 12

HAND DELIVERED

Lane A. Evans
(Full Name)

1516 - 37th Street
(Mailing Address)

Rock Island, IL 61201

Telephone (202) 225-5905

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 17	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Lane A. Evans

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
	2721 - 8½ Avenue, Rock Island, IL						X								X									X						
	406 S. Capitol St., SE, Wash. DC									X					X										X					
	Plow and Planter Employees Credit Union, IRA, Moline, IL					X										X						X								
	Wright Patman Federal Credit Union, IRA & savings acct., Washington, DC					X										X						X								

For additional assets and unearned income, use next page

Reporting Individual's Name

Lane A. Evans

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Lane A. Evans

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Midland Mortgage Company, Dallas, TX	Mortgage on 406 S. Capitol St.				x			
	Riggs Bank, Washington, DC	Mortgage on 406 S. Capitol St.		x					

Reporting Individual's Name
Lane A. Evans

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Vietnam Veterans of America		Apr.16-17, 1991	Roundtrip air travel from Washington, DC to New York, NY, plus 1 day food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Lane A. Evans

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	Illinois Public Action Council, Chicago, IL
Founder	Democrats 2000, Washington, DC
Director	Skills, Inc., Moline, IL

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Lane A. Evans	May 14, 1992

GPO: 1991 60-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1991 MAY -4 AM 10:58
U.S. HOUSE OF REPRESENTATIVES

Thomas W. Ewing
(Full Name)

310 West Lincoln Street
(Mailing Address)

Pontiac, IL 61764

Telephone: 815-842-2572

Filer Status	[X] Member of the U.S. House of Representatives — State: Illinois, District: 15th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

MC APR 28 1992
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Illinois (January 1, 1991 to July 7, 1991	Legislative salary	23,593.36
	State Farm Mutual Automobile Insurance Co.	Spouse's salary	n/a
	Farm Income		(5,809.00
	Satter, Ewing, Beyer & Spires	Approved legal partnership	81,381.00
	Large Unit District Association received prior to 7/1/91	Honoraria	100.00
	Pontiac National Bank (January 1, 1991 to July 1, 1991	Director's fee	3,600.00
	Humiston Haven (January 1, 1991 to July 1, 1991	Director's fee	200.00
	Satter, Ewing, Beyer & Spires	Personal property	18,000.00
	Satter, Ewing, Beyer & Spires	1/4th interest in real estate	10,000.00

For payments to charity in lieu of honoraria, use next page

1200

Reporting Individual's Name
Thomas W. Ewing

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
None				-0-

1201

Reporting Individual's Name

Thomas W. Ewing

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Skampies.	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
	Pontiac National Bank-account Pontiac, IL				X										X								X								
S	State Farm Credit Union Bloomington, IL			X											X							X									
S	Marine Bank Bloomington, IL			X											X						X										
	Principal Bank Corp. Pontiac, IL						X						X										X								
	Pontiac Bankcorp, Inc. Pontiac, IL				X								X								X										
	NWNL Companies			X									X								X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas W. Ewing

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Ewing Bros. Farm - 40 acres Logan County, IL					X							X					X										
	Samuel Y. Ewing Trust Farm - 80 acres McLean County, IL						X						X					X										
	Odell Farm Trust 625 - 300 acres Livingston County, IL						X						X											X				
	Newtown Farm - 92 acres Livingston County, IL					X							X										X					
	Fairway View Subdivision - 30 acres Livingston County, IL						X								X								X					
	Satter, Ewing, Beyer & Spires 402 N. Plum, Pontiac, IL			X									X					X										X
	McLean Rental House McLean County, IL			X									X								X							
JT	Residence-310 W. Lincoln Street Pontiac, IL					X												X										
JT	Vacation Share Condo Palm Sp., CA				X													X										
	Livingston County Broadcasters, Inc. 2 shares			X											X			X										
	State of Illinois Employees Deferred Compensation Plan				X																							
	Pontiac National Bank Thomas W. Ewing Profit Sharing Pension																											
	Plan Assets: Cash		X															X										
	Southwest Royalties Fund Mutual Fund Government Portfolios			X														X										
				X														X										
	Illinois Power Co. stock Principal National Bancorp, Inc. stock			X														X										
				X														X										

CONTINUED

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas W. Ewing

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CONTINUATION FROM B-2(a)																													
	Waste Management, Inc. stock			X															X											
	State Farm Life Insurance Company Flexible Premium Annuity IRA			X															X											
	Notes from Ewing For Congress Committee				X														X											

(Form A)

Reporting Individual's Name

Thomas W. Ewing

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Personal property of Satter, Ewing, Beyer & Spires law firm partnership		x		7/1/91		x					
S	1/4th interest in Satter, Ewing, Beyer & Spires law firm building		x		7/1/91	x						
S	Sale of pickup truck		x		2/25/91	x						
S	U.S. Treasury bills		x		4/1/91		x					

Reporting Individual's Name
Thomas W. Ewing

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Pontiac National Bank	Vacation Share Condo	x						

1206

Reporting Individual's Name
Thomas W. Ewing

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [x]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [x]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

1207

Reporting Individual's Name: Thomas W. EWing

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Partner	Satter, Ewing, Beyer & Spires
Director	Pontiac National Bank
Director	Humiston Haven
Director	Pontiac Redeveloping Our United Downtown (PROUD)
Director	Livingston County Broadcasters, Inc.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement
	State of Illinois Deferred Compensation Plan	No distribution until age 65.
	State of Illinois General Assembly Pension	No benefits currently being received under this pension system.
	Thomas W. Ewing Profit Sharing Pension	Owner of this plan does not currently qualify for any benefits under this plan.

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Thomas W. Ewing	April 28, 1992

GPO 1991 50-267 (m)

THOMAS W. EWING
15TH DISTRICT, ILLINOIS

COMMITTEES
AGRICULTURE
SUBCOMMITTEE ON
DEPARTMENT OPERATIONS, RESEARCH
AND FOREIGN AGRICULTURE

PUBLIC WORKS AND TRANSPORTATION
SUBCOMMITTEES
AVIATION
WATER RESOURCES
PUBLIC BUILDINGS AND GROUNDS

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
1632 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2371

DISTRICT OFFICES
70 MEADOWVIEW CENTER, SUITE 200
KANKAKEE, IL 60901-2047
(815) 937-0875

2401 E. WASHINGTON STREET, SUITE 101
BLOOMINGTON, IL 61704-4409
(309) 662-9371

210 WEST WATER STREET
PONTIAC, IL 61764
(815) 844-7880

JUL 7 1992

July 7, 1992

(4)

MC

The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

RE: Thomas W. Ewing
Amended Financial Disclosure Statement for 1991

Dear Sir:

Please find enclosed an original and two copies of amended schedules to my Financial Disclosure Statement for 1991. The first two changes were called to my attention after questions from the press following the release of the report. The changes are as follows:

1. On Page 4 under the asset listed "Livingston County Broadcasters, Inc. 2 shares" the type of income should have been dividend income instead of capital gains income.

2. On Page 6, there should have been no "S" designation for any of these transactions. My spouse had no interest in any of these assets and the column should have been left blank.

3. On Page 7, I have added the mortgage on the Fairway View Subdivision property. I own a one-half interest in this property.

If you have further questions or if we need to take further action on this matter, please let us know.

Sincerely,

THOMAS W. EWING

TWE/jj
Enclosures

'92 JUL 10 AM 10 21

PARTS II AND III—ASSETS AND "UNEARNED" INCOME AMENDED

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas W. Ewing

JUL 7 1992

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Ewing Bros. Farm - 40 acres Logan County, IL					X							X						X										
	Samuel Y. Ewing Trust Farm - 80 acres McLean County, IL						X						X						X										
	Odell Farm Trust 625 - 300 acres Livingston County, IL						X						X												X				
	Newtown Farm - 92 acres Livingston County, IL					X							X											X					
	Fairway View Subdivision - 30 acres Livingston County, IL						X								X									X					
	Satter, Ewing, Beyer & Spires 402 N. Plum, Pontiac, IL			X									X						X										X
	McLean Rental House McLean County, IL			X									X									X							
JT	Residence-310 W. Lincoln Street Pontiac, IL					X													X										
JT	Vacation Share Condo Palm Sp., CA				X														X										
	Livingston County Broadcasters, Inc. 2 shares			X								X							X										
	State of Illinois Employees Deferred Compensation Plan				X																								
	Pontiac National Bank Thomas W. Ewing Profit Sharing Pension																												
	Plan Assets: Cash		X																X										
	Southwest Royalties Fund			X															X										
	Mutual Fund Government Portfolios			X															X										
	Illinois Power Co. stock			X															X										
	Principal National Bancorp, Inc. stock			X															X										

(Form A) CONTINUED

1210

1992 JUL 10 AM 10 21

Reporting Individual's Name: Thomas W. Ewing

PART IV – TRANSACTIONS AMENDED

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Personal property of Satter, Ewing, Beyer & Spires law firm partnership		x		7/1/91		x					
	1/4th interest in Satter, Ewing, Beyer & Spires law firm building		x		7/1/91	x						
	Sale of pickup truck		x		2/25/91	x						
	U.S. Treasury bills		x		4/1/91		x					

Reporting Individual's Name
Thomas W. Ewing

PART V—LIABILITIES

AMENDED

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (XI)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Pontiac National Bank	Vacation Share Condo	X						
	Bank of Pontiac	Mortgage on Fairway View Subdivision, Livingston County, Il 1/2 interest	X						

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] 15 PM 3 17

6

Eni F. H. Faleomavaega
(Full Name)

413 Cannon House Office Bldg.
(Mailing Address)

Washington, DC 20515

Telephone: 202-225-8577

HAND DELIVERED

Filer Status	[xx] Member of the U.S. House of Representatives	State Am. Samoa District At large	[ ] Officer or Employee	Employing Office
Report Type	[xx] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Pan American Airlines	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1213

Reporting Individual's Name

Eni F. H. Faleomavaega

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																												
S	Examples: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	IDS American Express(Account) Minneapolis, Minnesota			X										X							X								
	Amerika Samoa Bank (Accounts) Pago Pago, American Samoa			X										X							X								

For additional assets and unearned income, use next page

Reporting Individual's Name

Eni F. H. Faleomavaega

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [XXX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Eni F. H. Faleomavaega

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [xxx]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Eni F. H. Faleomavaega

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
National Congress of American Indians, Washington, DC	Peacepipe, painting, & quilt	$185

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Pacific Forum, CSIS Honolulu, Hawaii	Jan 4-7, 1991	Roundtrip Air from Washington, DC to Honolulu	
Hawaiian Interclub Council of So. California, Hunington Beach, CA	May 3-5, 1991	3 nights lodging & meals in Carson, California	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Eni F. H. Faleomavaega

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [xxx]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [xxx]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes [ ] No [xx] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) — Yes [ ] No [xx] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Eni F. H. Faleomavaega	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 14 PM 5 06

HAND DELIVERED

HON. DANTE B. FASCELL
(Full Name)

2354 Rayburn Building — 202-225-4506
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 19th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Social Security (DBF)	Benefits	14,564.80
	Social Security (JMF)	Benefits	6,331.80

For payments to charity in lieu of honoraria, use next page

1219

Reporting Individual's Name

Hon. Dante B. Fascell

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
NONE				

Reporting Individual's Name

Hon. Dante B. Fascell

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000 over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000		
S, DC, JT	Examples:	S	ABC Corporation Stock		X							X								X								X
			George Wash. Credit Union Accounts			X								X								X						
			182 Main Street, Dover, Delaware				X						X								X							
	Signature Gardens K-1, Miami, FL				X									X							X							
	Sun Bank (Money Market & CD) Miami, FL					X								X								X						
	Congressional FCU (Savings, MM, CD's, & Checking)							X						X									X					
S	Signet Bank (U.S. Treasury Notes & Checking)						X							X									X					
S	First Natl. Bank So. Miami (Savings & Checking)			X										X						X								
	Congressional FCU (Previously held at Sergeant-at-Arms)						X							X									X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. Dante B. Fascell

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	Less than $201	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	Transaction (X)
		A	B	C	D	E	F	G	H										I	II		IV	V	VI	VII	VIII	IX	
S	Great Western Bank, Miami, FL			X										X						X								
S	Capital Holding Corp., First Chicago Trust Co., NY, NY				X							X										X						
	Sun Trust Banks, Atlanta, GA				X							X											X					
	Florida Power & Light Group, Juno Beach, FL				X							X											X					
	Interstate Bank Holding Co., Mellon Securities Trust Co., NY, NY		X									X							X									
	Mid-East Oil Co., Indiana, PA				X													Oil Royalties					X					
	Lot 88, Plantation at Stono Ferry Hollywood, SC			X															X									
	Hilton Head Apartment, Springwood Villas, Unit #25, Hilton Head Island, SC			X									X	X				GROSS NET LOSS		X			X					
S	Congressional FCU (Savings & M				X									X						X								
S	Coral Gables Federal S&L, Coral Gables, FL			X										X								X						
S	Sun Bank, Miami, FL (CD's)			X										X								X						
	Coral Gables Federal S&L, Coral Gables, FL			X										X						X								

Reporting Individual's Name

Hon. Dante B. Fascell

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Hon. Dante B. Fascell

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Sun Bank, Miami, FL	Letter of credit (Paid 3-91)			X				

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Reporting Individual's Name
Hon. Dante B. Fascell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Aspen Institute -U.S. Soviet & East European Relations Conference: "Politics, Economics & Western Policy in the Post-Communist Era"	Aug. 23-31, 1991	Roundtrip Air Travel from Wash. DC to Budapest, Hungary, 6 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Hon. Dante B. Fascell

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Limited Partner	Signature Gardens, Ltd.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Dante B. Fascell	May 14, 1992

DANTE B. FASCELL, Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9) 92 : : 15 AM 11 15

HAND DELIVERED

Harris W. Fawell
(Full Name)

444 S. Sleight Street
(Mailing Address)

Naperville, IL 60540

Telephone (708)355-1563

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 13th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Illinois	Pension	17,483
	Century 21 All Stars (spouse - Real Estate agent)	NA	NA
	State of Illinois Teacher Fund (spouse)	NA	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Harris W. Fawell

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	India Medical Assoication	Speech	January 16, 1991	$500

Reporting Individual's Name

Harris W. Fawell

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you **may list** only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the **asset was purchased**, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock		X									X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	First Col. Bnk of DuPage Co. Stock	X										X							X										
	Lake Shore Bancorp Stock			X								X										X							
	Harris Bank Naperville IRAs			X										X								X							
	RRB Bedford Money Market		X											X							X								
	Harris Bank Naperville Money Market				X									X								X							
	101 Washington Office Building					X							X											X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Harris W. Fawell

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset											BLOCK C Income																BLOCK D
	Year End Value (X)											Type of Income (X)							Category of Amount of Income (X)									
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
121 Venture Office Building				X								X											X					
Michigan real estate mortgage				X									X									X						
Beaver Island, MI, real estate						X						X										X						
Nalco stock			X								X										X							
Harris Bank Naperville money market (spouse, J/T with mother)					X								X								X							
Equitable Life Assurance Soc. (deferred inc. - retirement prgm)							X						X										X					
Travelers Life Ins. (Spouse retirement fund) deferred income						X							X										X					

[redacted] (Form A)

Reporting Individual's Name

Harris W. Fawell

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000+
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	School District 203 bonds - matured and paid off May 1, 1991		x		5/1/91	x						
	905 Hickory residence (spouse as Trustee for mother)		x		5/22/91				x			
	Kankakee Water Works bond - matured and paid off May 5, 1991		x		5/5/91	x						

Reporting Individual's Name

Harris W. Fawell

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Harris Bank/Naperville	Mortgage on office building					x		
	Harris Bank/ Naperville	Mortgage on office building	x						

Reporting Individual's Name
Harris W. Fawell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [x]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute, Princeton Conference	3/14/91 to 3/16/91	Transportation from Washington, D.C., to Princeton, N.J., meals and housing, self and spouse. Estimated value of $538.00 per person.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Harris W. Fawell

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Trustee	North Central College, Naperville, IL (not for profit corporation)
Board Member	Institute for Illinois (not for profit corporation)
Board Member	Wellness Community, Hinsdale, IL (not for profit corporation)
Board Member	The Illinois Coalition, Chicago, IL (not for profit corporation)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [x] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C. app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Harris W Fawell	5/14/92

GPO 1988 50-267 (m)

HARRIS W. FAWELL
13TH DISTRICT, ILLINOIS
EDUCATION AND LABOR
SUBCOMMITTEES
LABOR-MANAGEMENT RELATIONS
LABOR STANDARDS
HUMAN RESOURCES
RANKING MINORITY MEMBER
SCIENCE, SPACE, AND TECHNOLOGY
SUBCOMMITTEES
ENERGY
SCIENCE
SELECT COMMITTEE ON AGING

HAND DELIVERED

WASHINGTON OFFICE
435 CANNON HOUSE OFFICE BUILDING
(202) 225-3515
CONGRESSIONAL DISTRICT OFFICE
115 W. 65TH STREET
SUITE 100
CLARENDON HILLS, IL 60514
(708) 655-2052

Congress of the United States
House of Representatives
Washington, DC 20515

May 15, 1992

Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Gentlemen:

Enclosed herewith please find three completed Financial Disclosure Statements for the calendar year 1991.

Please note that a "Northwestern Life Insurance policy," reported in the 1990 Financial Statement, is not included in this 1991 Financial Statement since I am informed that the cash value or income from a life insurance policy need not be reported in Parts II and III (Assets and Unearned Income).

Please feel free to contact me if there are any questions regarding these statements.

Very truly yours,

Harris W. Fawell
Member of Congress

HWF/hs

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

HAND DELIVERED

MC (Office Use Only)

VICTOR H. FAZIO, JR.
(Full Name)

2113 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Telephone (202) 225-5716

Filer Status	X Member of the U.S. House of Representatives	State: CA District: 4th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Democratic Congressional Campaign Committee	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

VICTOR H. FAZIO, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
National Assn. of Broadcasters	Speech	Feb. 15, 1991	$ 1,000
Mortgage Bankers Assn.	Speech	Feb. 4, 1991	1,000
Wine & Spirts Wholesalers of America	Speech	Mar. 4, 1991	1,000
National Cable Television Assn.	Speech	Mar. 24, 1991	1,500
National Assn. of Realtors	Speech	May 1, 1991	1,000
National Retail Federation	Speech	May 23, 1991	1,000
Wine Institute	Speech	June 11, 1991	1,000

Reporting Individual's Name

VICTOR H. FAZIO, JR.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT Examples: S ABC Corporation Stock				X								X									X								X
S, DC, JT Examples: George Wash. Credit Union Accounts					X									X									X						
S, DC, JT Examples: 182 Main Street, Dover, Delaware						X							X									X							
354 Bridge Pl., W. Sacramento CA						X							X											X					
MLPFS CMA Fund (Money Market)				X										X							X								
CA State Bonds				X								X									X								
AFC Cherokee Housing Partners					X									X								X							X
LA County M.L. King Hospital Bonds				X								X									X								
Northern CA Public Power Agency Bonds				X								X							X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: VICTOR H. FAZIO, JR.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		I None	II Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Bakersfield, CA Redevelopment Agency Bonds			X								X								X								
SEP/IRA MLPFS consisting of:																											
Comstock Prtnrs Strategy Fd.			X								X								X								
ML Euro Fund			X								X							X									
ML Special Value Fund			X								X							X									
Transamerica Fin. Corp.			X								X						X										
Baltimore Gas & Elect.			X								X								X								
Delmarva Power & Light			X								X								X								
U.S. Treas. Strips			X								X						X										
Resolution Funding Corp.			X								X						X										
ML High Quality Bond Fund			X								X							X									X
CD Coast Fed. Bank			X										X						X								
CD Continental Bank			X										X						X								X
CD Glendale Fed			X										X						X								
CD United Sav.			X										X						X								

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
VICTOR H. FAZIO, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	CD Homestead Sav. Fed.			X										X					X										
S	IRA MLPFS consisting of:																												
	Transamerica Fin. Corp.			X								X								X									
	ML SHT TRM GLBL			X								X								X									
	Wisc. Power & Light			X								X								X									
	CD Citibank SD			X										X						X									
	CD Glendale Fed			X										X							X								
	CD United Sav. Assn.			X										X						X									
	CD Homestead Sav. Fed.			X										X					X										
	ML Basic Value Fund			X								X								X									X
	Ford Motor Credit Co Notes			X										X							X								X

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Reporting Individual's Name
VICTOR H. FAZIO, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	SEP/IRA MLPFS - self - transactions:											
	ML High Quality Bond Fund	X			8-13-91	X						
	CD Continental Bank NA	X			5-29-91	X						
	CD Imperial Savings - Redemption		X		4-24-91	X						
S	SEP/IRA MLPFS - spouse - transactions:											
	ML Basic Value Fund	X			2-5-91	X						
	Ford Motor Credit Co Notes	X			2-5-91	X						
	AFC Cherokee Housing Partners - purchase interest	X			1-30-91	X						

Reporting Individual's Name
VICTOR H. FAZIO, JR.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 16.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	San Francisco Federal Savings	Mortgage (354 Bridge Pl. W. Sacramento, CA)		X					
	AFC Cherokee Housing Partners PAID OFF IN 1991	Promissory Notes for Future Interest	X						

Reporting Individual's Name: VICTOR H. FAZIO, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Fairfield/Suisun, CA Chamber of Commerce	Artwork	$200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Nat'l Assn. of Broadcasters	2/14-2/16	Airfare, San Francisco to Miami to DC for self; round-trip air DC to Miami for spouse; 2 nights lodging self/spouse	
Nat'l Restaurant Assn.	3/16-3/18	Airfare, Sacramento-Monterey-DC; 2 nights lodging for self & spouse	
Nat'l Cable Television Assn.	3/24-3/25	Roundtrip Air DC-New Orleans; one night lodging	
Williston Northhampton School	5/31-6/1	Roundtrip air DC-Hartford, Conn., one night lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
VICTOR H. FAZIO, JR.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Director (uncompensated)	Junior Statesmen Foundation
Director (uncompensated)	Asthma and Allergy Foundation
Director (uncompensated)	National Italian American Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation, or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Victor H. Fazio Jr.

DATE (Month, Day, Year): 5/13/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 4:29

(8)

EDWARD F. FEIGHAN
(Full Name)

1124 Longworth HOB (202)225-5731
(Mailing Address) Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	☐ Member of the U.S. House of Representatives	State Ohio District 19th	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
EDWARD F. FEIGHAN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Transaction (X)
S, DC, JT	Examples:	S ABC Corporation Stock			X								X							X
		George Wash. Credit Union Accounts				X									X					
		182 Main Street, Dover, Delaware					X							X						
	Advanced Micro Devices; common stock				X								X							
	Ameritrust Corp.; Money Management Account					X									X					
	Canal Properties, Inc.																			
	1. Walnut Hills, OH; Alexander Rd.; vacant land					X														
	2. Carriage Hills Partners; stock; Morley Rd., Concord, OH						X									X				X
	3. Great Trail Commerce Park; vacant land; Wooster, OH				X											X				X

BLOCK C Income: Category of Amount of Income (X)										
	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000
Examples: ABC Corporation Stock			X							
George Wash. Credit Union Accounts					X					
182 Main Street, Dover, Delaware				X						
Advanced Micro Devices; common stock			X							
Ameritrust Corp.; Money Management Account			X							
Canal Properties, Inc.										
1. Walnut Hills, OH; Alexander Rd.; vacant land	X									
2. Carriage Hills Partners; stock; Morley Rd., Concord, OH						X				
3. Great Trail Commerce Park; vacant land; Wooster, OH				X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: EDWARD F. FEIGHAN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Canal Properties, cont.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	4. Home & Millsboro Rd; vacant land; Mansfield, OH				X														X										
	5. Rose Township; vacant land; Carroll County, OH				X										X									X					X
	6. 4303 Detroit Ave; commercial bldg; Cleveland, OH				X									X								X							
	7. 4606 Green Road; vacant land; Cleveland, OH			X															X										
	Carney & Rains; Cleveland, OH; sale of interest in law practice			X											X									X					
	Cleveland Brewing Co.; common stock; Cleveland, OH					X													X										
	Douglas & Chamberlain Corp.; common stock; improved real estate			X															X										X
	G.T. Global International Growth Fund; shares			X								X									X								
	Growth Fund of America; shares			X								X									X								
	Maxus Corp.; common stock			X								X								X									
	McDonald Money Market Fund			X										X							X								
	McGillicuddy Trust; FBO Feighan children																												
	1. ALCOA Corp.; common stock			X								X								X									
	2. American Steel & Wire; common stock			X								X								X									
	3. Ameritrust Corp.; common stock			X								X								X									

[redacted] 2 (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: EDWARD F. FEIGHAN

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
McGillicuddy Trust, cont.																												
4. Bank One; common stock			X								X								X									
5. National City Bank; common stock			X								X								X									
6. Oppenheimer Fund; shares			X								X								X									
7. Society Corp.; common stock			X								X								X									
Miller Road Group; stock/vacant land; Brecksville, OH					X													X										
North Shore Gas Ltd; limited partnership; Cleveland, OH			X								X									X								
Ohio Deferred Compensation Program; Columbus, OH				X														X										
Ohio Public Employees Retirement Account				X														X										
Oppenheimer Time Fund; shares			X								X									X								
Pioneer Three Fund, Inc.; shares			X								X									X								
Ryland Corp.; GNMA certificates			X								X									X								
15410 Edgewater Drive, Lakewood, OH; residence							X					X										X						
16501 Rockside Road Corp.; office bldg; Maple Heights, OH					X													X										
Royalton 4343 Partnership; improved real estate; Broadview Heights, OH					X													X										X

[redacted] (Form A)

Reporting Individual's Name
EDWARD F. FEIGHAN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Carriage Hills Partners; distribution of capital gains from partial sale of real estate		X		5/8/91	X						
	Carriage Hills Partners; distribution of capital gains from partial sale of real estate		X		7/15/91	X						
	Royalton 4343 Partnership; purchase of improved real estate; Broadview Hts, OH; one-sixth interest	X			6/26/91			X				
	Douglas and Chamberlain Corp.; 5% equity interest; sale asset constituting improved real estate.		X									
	No value received upon transfer; potential future compensation upon subsequent sale by new owners.		X		10/91	X						
	Rose Township, Carroll County; distribution of capital gains from partial sale of real estate		X		5/8/91	X						
	Rose Township, Carroll County; distribution of capital gains from partial sale of real estate		X		6/19/91	X						
	Rose Township, Carroll County; distribution of capital gains from partial sale of real estate		X		9/9/91	X						
	Rose Township, Carroll County; distribution of capital gains from partial sale of real estate		X		9/9/91	X						
	Great Trail Commerce Park; vacant land; partial sale of real estate		X		12/23/91	X						

Reporting Individual's Name
EDWARD F. FEIGHAN

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

$, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Huntington National Bank, Cleveland, OH	personal loan		X					
	Ameritrust, Cleveland, OH	personal loan		X					
	Third Federal Savings, Cleveland, OH	mortgage loan on 15410 Edgewater, Lakewood, OH			X				

Reporting Individual's Name
EDWARD F. FEIGHAN

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Example: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Example: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Committee for a Free Vietnam	2/1-2/3/91	Round-trip air travel from Cleveland to San Francisco, CA; 2 days food and lodging	
Pfizer Inc. (fact finding)	6/28-7/2/91	Air travel from Washington, D.C. to London, England; four days food and lodging (self, spouse)	
British Petroleum (fact finding)	7/2-8/91	Round-trip air travel from London to Aberdeen, Scotland; air travel from London to Washington, D.C.; 6 days food and lodging (self, spouse)	
AIPAC	11/3-11/4/91	Round-trip air travel from Cleveland to New York City; 1 day food and lodging (self, spouse)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
EDWARD F. FEIGHAN

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director, Officer	Cleveland Brewing Company, Cleveland, OH
Director (1/1/91-10/31/91)	Douglas & Chamberlain Corp., Washington, D.C.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	NONE	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Edward F. Feighan	May 14, 1992

GPO: 1991 50-357 (ns)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9) 92 MAY 15 PM 2 40

HAND DELIVERED

MC
(Office Use Only)

JACK FIELDS
(Full Name)

P.O. BOX 2286 — 713-441-2171
(Mailing Address) — Telephone

HUMBLE, TX 77347

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 8	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [XX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

JACK FIELDS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	American Bankers Assn, Wash. DC	Legislative Panel	Feb. 15, '91	$2000.
	Arco Chemical, Wash. DC	Speech	April 25,'91	$1000.
	U.S. Tobacco, Greenwich, CT (WashDC Dinner)	Speech	Sept.11,'91	$2000.
	The Connell Company, Westfield, NJ	Speech/Tour	Sept.30,'91	$2000.

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Reporting Individual's Name

JACK FIELDS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
S	Examples: ABC Corporation Stock			X								X									X								X
	George Wash Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Rosewood Memorial Park, Inc. Stock								X									NONE											
	Rosewood Funeral Home, Inc. Stock								X			X											X						
	One-half unit in limited partnership with Equipment Investors, II					X												NONE											
	Rosewood Memorial Park North, Inc.							X										NONE											X
	7711 Peacock, Humble, TX				X								X					NONE					X						

For additional assets and unearned income, use next page

1255

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JACK FIELDS

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Wright Patman Congressional Credit Union			X											X						X									
One unit limited partnership with Hughey Oil Co.-1982 LTD, Leon County Texas--(Formerly part of blind trust)				X														ROYALTY			X								
One unit limited partnership with Hughey Oil Co.-Lacey Heirs, Leon County, Texas --(Formerly part of blind trust)				X														ROYALTY			X								
Rosewood Enterprises, Inc.					X													NONE											

[redacted] (Form A)

Reporting Individual's Name

JACK FIELDS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Real estate partnership with Jess Fields; 14 acres; Porter, Texas- (Exchanged for stock in Rosewood Memorial Park North, Inc.)			X	10-28-91				X			

Financial Disclosure A-3

Reporting Individual's Name

JACK FIELDS

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Gibraltor Savings and Loan	Mortgage on 7711 Peacock, Humble, TX		X					
	First City Bank, Humble, TX	Personal Loan			X				
	Interfirst Bank, Humble, TX	Personal Loan		X					
	Wright Patman Congressional Federal Credit Union	Personal Loan		X					
	SW Bank of Texas	Personal Loan		X					

Reporting Individual's Name
JACK FIELDS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Safari Club International Annual Convention	January 23-25, '91	Lodging; 3 nights; self and spouse.	
American Bankers Association Legislative Advisory Committee Mtg	February 14-16, '91	Roundtrip air from Houston to West Palm Beach, FLA; 2 nights lodging and food; self and spouse.	
Int'l Institute on Oil & Gas	2/20/91	One-night lodging in Dallas; self only.	
U.S. Telephone Association	March 16-18, '91	Roundtrip air from Washington DC to Houston, TX; self only.	
Far East Studies Institute (USIA Approved)	March 26-April 6, '91	Roundtrip air from Houston to Beijing, China; lodging, food, and in-country transportation; self and spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JACK FIELDS

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
National Assn of Broadcasters	April 4-5 '91	Roundtrip air from Houston to Las Vegas; 2 nights lodging and meals; self and spouse.	
The Connell Company	Sept. 30 '91	Roundtrip air from Washington DC to Newark, NJ; self only.	

Reporting Individual's Name
JACK FIELDS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Baylor University
Vice President	Rosewood Memorial Park, Inc.
Vice President	Rosewood Funeral Home, Inc.
Vice President	Rosewood Enterprises, Inc.
Vice President	Rosewood Memorial Park North, Inc.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jack Fields	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 13 PM 3:55

(11)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAMILTON FISH, JR.
(Full Name)

2269 RAYBURN BUILDING
(Mailing Address)

(202)225-5441
Telephone

WASHINGTON, DC 20515

Filer Status	X Member of the U.S. House of Representatives	State: New York District: 21	Officer or Employee	Employing Office:
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

mc
HAND DELIVERED
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	US House of Representatives	Salary	
	US Department of Commerce	Spouse Salary	
	US Trust Co. (Estate of Grace C. Fish) Not subject to outside earned income limitations	Trustee Fees	9,057.10

For payments to charity in lieu of honoraria, use next page

1262

Reporting Individual's Name

FISH

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
American Council of Life Insurance	Speech	Jan. 31, 1991	1,000
National Association of Independent Insurers	Speech	March 15, 1991	500

Reporting Individual's Name: FISH

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X								X									X								X
Examples: George Wash. Credit Union Accounts					X									X									X						
Examples: 182 Main Street, Dover, Delaware						X							X									X							
Knickerbocker Realty							X					X						Limited Prtnrshp							X				
Congressional FCU (chking)				X										X						X									
Brgerking Inv Mster LP Udr		X										X								X									X
Arvida/JMB Partnrs II LP 89					X									X						X									
Arvida/JMB Ptnrs LP 87				X														NA											
Equity Income Fund				X										X							X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: FISH

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Templeton GLBL Inc F Inc		X											X						X								X
	Nipsco Industries Inc.			X										X						X								X
	Genl Publ Utilities			X										X						X								X
	Entergy Corp			X										X						X								X
	PSI Resources Inc.			X										X						X								X
	Kansas City Power & Light	X												X					X									X
	DQE			X										X					X									X
	Long Island Lighting			X										X					X									X
	Nthn States Pwr Minn			X										X					X									X
	Scecorp			X										X					X									X
	Teco Energy Inc.			X										X					X									X
	Wisconsin Energy Corp			X										X					X									X
	Duke Power Corp			X										X					X									X
	Potomac Electric Pwr Comm			X										X					X									X
	FHLMC17 0181			X										X							X							X

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: FISH

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Texaco Capital Corp			X										X							X								X
	Anheuser Busch Cos Inc			X										X							X								X
	General Electric Capital			X										X							X								X
	General Motors Accep CP			X										X							X								X
	GTE Corporation			X										X							X								X
	Dupont El DeNemours & Co.			X										X							X								X
	Illinois Power Co			X														NA											X
	Niagra Mohawk Pwr			X														NA											X
	General Motors Corp Dev			X														NA											X
S	Department of Commerce FCU			X										X							X								
S	Hudson City Savings Bank			X										X							X								
S	Key Bank, NA			X									X								X								
S	First Investors IPA				X													NA											
S	First American IPA			X														NA											
S	Oppenheimer & Co, Inc.				X									X									X						X

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: FISH

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	House, Barn, Tenant House, 100 Acres Livingston, NY								X				X												X				
S	Mortgage Receivable-Charles Knauss Livingston, NY				X									X										X					
S	US Savings Bond				X													NA											
	ML Lee Aquisition Fund II, LP 89			X										X							X								
	JMB Income Properties LTD XII LP85			X														NA											
	ML Lee Aquisition Fund, LP 87			X								X		X							X								
	ML CMA Money Funds				X							X										X							
	US Trust Co. (Estate of Grace C. Fish)																												
	Securities Distributed on Termination of Trust:																												
	: Bristol Myers Squibb				X									X							X								
	: American Home Products				X									X							X								
	: Mobil Corp Del				X									X							X								
	: Philip Morris Cos Inc	X												X						X									X

(Form A)

Reporting Individual's Name: FISH

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	American Cynamid Co. * Immediate sale of inherited stock upon inheritance		X		3-20-91		X					
	GTE Corporation " "		X		3-20-91	X						
	Minnesota Mng Mfg " "		X		3-20-91		X					
	Rollins Environmental Svcs " "		X		3-20-91	X						
	Zurn Industries Inc " "		X		3-20-91		X					
	Templeton GLBL Inc F Inc		X		4-1-91	X						
	BrgrKing Inv Mstr LP		X		4-1-91	X						
	FHLMC 17 0181		X		4-1-91	X						
	Philip Morris Cos Inc		X		7-31-91		X					
	Kansas City Power & Light		X		11-12-91	X						
	Anheuser Busch Cos Inc Notes	X			4-17-91	X						
	General Motors Accep CP	X			4-17-91	X						
	General Electric Capital Corp Notes	X			4-17-91	X						
	GTE Corporation	X			4-17-91	X						
	Dupont El DeNemours & Co.	X			4-17-91	X						
	Texaco Capital Corp	X			4-17-91	X						
	Entergy Corp	X			6-19-91	X						

Reporting Individual's Name

FISH

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Genl Publ Utilities	X			6-19-91	X						
	Long Island Lighting	X			6-19-91	X						
	Nipsco Industries Inc	X			6-19-91	X						
	PSI Resources Inc	X			6-19-91	X						
	DOE	X			8-7-91	X						
	Kansas City Pwr & Light	X			8-7-91	X						
	Teco Energy Inc	X			8-7-91	X						
	Duke Power Co.	X			9-19-91	X						
	Nthn States Pwr Minn	X			9-19-91	X						
	Potomac Elec Pow Com	X			9-19-91	X						
	Scecorp	X			9-19-91	X						
	Wisconsin Energy Corp	X			9-19-91	X						
	Illinois Pwr Co	X			11-19-91	X						
	Niagra Mohawk Pwr Corp	X			11-19-91	X						
	General Motors Corp Dep	X			12-17-91	X						
S	First Investors Tax Exempt Mutual		X		11-91			X				
S	Oppenheimer & Co. Inc.	X			11-91			X				

Reporting Individual's Name

FISH

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Key Bank, NA	Mortgage on Rental Property Livingston, NY		X					

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Reporting Individual's Name

FISH

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute, Inc. Princeton Conference		3/14-16	Rdtrp Travel from Wash. DC to Princeton, NJ, Food & Lodging, Self and Spouse	
Fourth Circuit Judicial Conference Judicial Relations with Congress		6/26-29	Rdtrp Travel from Wash. DC to Hot Springs, VA, Food and Lodging, Self and Spouse	
Aspen Institute (Conference on US Soviet and E European Relations		8/26-31	Rdtrp Air Travel from Wash. DC to Budapest, Hungary, Food and Lodging, Self and Spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

FISH

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Trustee	Alice Desmond and Hamilton Fish Library
Limited Partnership	Knickobocker Realty
Director	Board of the NYS Martin Luther King Institute for Non-Violence

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Hamilton Fish Jr	May 13, 1982

HAMILTON FISH, JR
21ST DISTRICT, NEW YORK
2269 RAYBURN BUILDING
WASHINGTON, DC 20515-3221
PHONE (202) 225-3461

DISTRICT OFFICES
WAPPINGERS FALLS OFFICE
MAIN PLAZA BLDG. 1, SUITE 209
236 ROUTE 9
WAPPINGERS FALLS, NY 12590
PHONE (914) 297-8711

CARMEL OFFICE
7 ONEIDA AVENUE
CARMEL, NY 10512
PHONE (914) 225-5200

NEW WINDSOR OFFICE
1002 BREWING ROAD
STEWART INTERNATIONAL AIRPORT
NEW WINDSOR, NY 12553
PHONE (914) 564-4302

INSIDE MAIL (1)

Congress of the United States
House of Representatives
Washington, DC 20515-3221

JUDICIARY COMMITTEE
VICE CHAIRMAN
SUBCOMMITTEE ON ECONOMIC AND COMMERCIAL LAW
SUBCOMMITTEE ON INTELLECTUAL PROPERTY AND JUDICIAL ADMINISTRATION
JOINT ECONOMIC COMMITTEE
ENVIRONMENTAL AND ENERGY STUDY CONFERENCE
CONGRESSIONAL ARTS CAUCUS
NORTHEAST-MIDWEST CONGRESSIONAL COALITION
BOARD OF VISITORS U.S. MILITARY ACADEMY
CONGRESSIONAL HUMAN RIGHTS CAUCUS

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MC

May 18, 1992

The Honorable Donnald K. Anderson
Clerk of the House
Office Of Records And Registration
1036 Longworth Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

I am writing to clarify my 1991 Financial Disclosure form recently submitted to you.

Under Parts II and III, the term NA listed in Block C for:

Arvida/JMB Prtnrs LP 87
Illinois Power Co.
Niagra Mohawk Pwr
General Motors Corp Dev
First Investors IRA
First American IRA
US Savings Bond
JMB Income Properties LTD XII LP85

was meant to convey Not Applicable, meaning no income was derived. The box "None" should be checked in each case.

Thank you for your assistance.

Sincerely,

Hamilton Fish

Hamilton Fish, Jr.
Member of Congress

HF:gaw

1992 MAY 19 AM 7:49

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

Thomas M. Foglietta
(Full Name)

Hopkinson House, Apt. 3003, 6th & Washington Square (215) 925-6840
(Mailing Address) Telephone

Philadelphia, Pennsylvania 19106

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc **(Office Use Only)**

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City of Philadelphia	Pension	$10457.

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Thomas M. Foglietta

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
NONE			

Reporting Individual's Name
Thomas M. Foglietta

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X									X
	George Wash. Credit Union Accounts				X									X								X							
	182 Main Street, Dover, Delaware					X							X								X								
	Interest-Personal Savings Accounts on deposit at Continental Bank			X										X						X									
	Shearson Lehman Hutton													X					X										
	Shearson Lehman Hutton											X								X									
	Sales of Securities-Capital Gain																												
	100 SH. Eli Lilly Common Stock	X													X			X											X
	1000 SH. RJR Nabisco Common Stock	X													X						X								X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas M. Foglietta

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
20000 U.S. Strips	X													X						X								X
200 SH. Johnson & Johnson Common Stock	X													X									X					X
5800 Boardwalk Assoc.	X													X				X										X
Gross Rental Income-721 Fitzwater St.																												
Philadelphia, PA						X						X											X					
Gross Rental Income-480 W. Shore Dr.																												
Brigantine, NJ						X						X										X						
Gross Rental Income-708 Clymer St.																												
Philadelphia, PA					X							X										X						
300 SH. Acusion Corp. Common Stock			X																									
100 SH. Waste Management, Inc. Common Stk.			X																									
200 SH. Cyprus Minerals Co. Common Stock			X																									
300 SH. Humana, Inc. Common Stock			X																									
200 SH. Philip Morris Cos. Inc. Common Stock			X																									
2 Ground Lots-Kidder Township, Lake Harmony, PA						X																						

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas M. Foglietta

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	210 Associates, Real Estate Partnership			X									X						X										

[redacted] (Form A)

Financial Disclosure A-2 (6)

1278

Reporting Individual's Name
Thomas M. Foglietta

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Eli Lilly Common Stock		X		02-26-91	X						
	RJR Nabisco Common Stock	X	X		02-22-91 02-28-91	X X						
	U.S. Strips		X		02-25-91	X						
	Johnson & Johnson Common Stock		X		06-10-91		X					
	Cyprus Minerals Co. Common Stock	X			06-20-91	X						
	Humana Inc. Common Stock	X			06-11-91	X						
	Philip Morris Cos., Inc. Common Stock	X			03-06-91	X						

Reporting Individual's Name
Thomas M. Foglietta

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Continental Bank	Mortgage on 721 Fitzwater St. Phila., PA				X			
	Continental Bank	Mortgage on 480 W. Shore Dr., Brigantine, NJ				X			
	Shearson Lehman Bros.	Margin Account		X					
	Jefferson Bank	Personal Loan		X					

Financial Disclosure A-4

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Reporting Individual's Name
Thomas M. Foglietta

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U.S. Conference of Mayors (Speech)	6/15-17/91	Round trip Air (Philadelphia-Los Angeles-Washington, DC), One (1) day food and lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Thomas M. Foglietta

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Partner	210 Associates (Rental Property) 12 1/2% Interest

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes ☐ No ☐ NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S.C. app 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S.C. app. 6, § 104 and 18 U S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): May 14TH, 1992

1282

THOMAS M. FOGLIETTA
[illegible] PENNSYLVANIA

COMMITTEE ON ARMED SERVICES

COMMITTEE ON FOREIGN AFFAIRS

COMMITTEE ON MERCHANT MARINE AND FISHERIES

CONGRESSIONAL URBAN CAUCUS
CHAIRMAN

Congress of the United States
House of Representatives
Washington, D.C. 20515-3801

[illegible]
WASHINGTON [illegible]
202-225-4731

[illegible]
PHILADELPHIA, PENNSYLVANIA [illegible]
215-[illegible]

ANTHONY [illegible]
ADMINISTRATIVE ASSISTANT

(4)

June 5, 1992

The Honorable Louis Stokes
Chairman
U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2 The Capitol
Washington, DC 20515-6328

MC

INSIDE MAIL

Dear Mr. Chairman:

Attached you will find amendments for pages A-2, A-2(a) and A-3 of my Financial Disclosure Statement for 1991.

I thank you for your assistance in this regard.

Sincerely,

THOMAS M. FOGLIETTA
Member of Congress

TMF/ag

a:amend

THIS STATEMENT PRINTED ON PAPER MADE WITH RECYCLED FIBERS

Reporting Individual's Name
Thomas M. Foglietta

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
			Interest-Personal-Savings- Accounts on Deposit at Continental Bank			X							1			X							X								
			Shearson, Lehman, Hutton (Strips-Tint-U.S. Treasury)	X												X						X									
			Shearson, Lehman, Hutton-Value of Stock (Stock Portfolio) Reflected on Page 4 of 9											X									X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas M. Foglietta

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
20000 U.S. Strips	X													X						X								X
200 Sh. Johnson & Johnson Common Stock	X													X									X					X
5800 Bnardwalk Assoc.	X													X				X										X
Gross Rental Income-721 Fitzwater St. Phila., PA						X					X											X						
Gross Rental Income-480 W. Shore Dr. Brigantine, NJ						X					X										X							
Gross Rental Income-708 Clymer St. Phila., PA					X						X										X							
300 Sh. Acusion Corp. Common Stock			X								NONE								NONE									
100 Sh. Waste Management, Inc. Common Stock			X								NONE								NONE									
200 Sh. Cyprus Minerals Co. Common Stock			X								NONE								NONE									
300 Sh. Humana, Inc. Common Stock			X								NONE								NONE									
200 Sh. Philip Morris Cos.Inc. Common Stock			X								NONE								NONE									
2 Ground Lots-Kidder Township, Lake Harmony, PA						X					NONE								NONE									

[redacted] (Form A)

Reporting Individual's Name
Thomas M. Foglietta

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Eli Lilly Common Stock		X		02-26-91	X						
	RJR Nabisco Common Stock	X			02-22-91	X						
			X		02-28-91	X						
	U.S. Strips		X		02-25-91	X						
	Johnson & Johnson Common Stock		X		06-10-91		X					
	Cypress Minerals Co. Common Stock	X			06-20-91	X						
	Humana Inc. Common Stock	X			06-11-91	X						
	Philip Morris Cos. Inc. Common Stock	X			03-06-91	X						
	5800 Boardwalk Assoc.	X			01-01-91		X					
			X		12-31-91	O						

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

20

92 MAY 15 PM 2 15

HAND DELIVERED

MC (Office Use Only)

THOMAS S. FOLEY
(Full Name)

1201 Longworth House Office Building — 202 225-5604
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	[x] Member of the U.S. House of Representatives	State WA District Fifth	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [x]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

THOMAS S. FOLEY

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
NONE			

Reporting Individual's Name
THOMAS S. FOLEY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X							X
	George Wash. Credit Union Accounts				X									X								X					
	182 Main Street, Dover, Delaware					X							X								X						
	SEE ATTACHED SHEETS																										

For additional assets and unearned income, use next page

Reporting Individual's Name

THOMAS S. FOLEY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example. ABC Corporation Common Stock	X			10-12-90			X				
	SEE ATTACHED SHEETS											

Reporting Individual's Name

THOMAS S. FOLEY

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: THOMAS S. FOLEY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Flatter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED SHEET				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
THOMAS S. FOLEY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
	SEE ATTACHED SHEET

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Thomas S. Foley	May 14, 1991

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

Member of the House of Representatives District 5, State of WA

II. and III. - ASSETS AND "UNEARNED" INCOME

ASSET and/or INCOME SOURCE	VALUATION	INCOME
U.S. Bank checking acct./savings	E	II
Trust of Helen M. Foley * (income from trust)	F	V
Federated Automated Govt. Money Trust (int.)	C	II
Account Management Corp. (see attached schedules for itemization of assets and transactions.	C	VII
Wright Patman Fed. Credit Union (IRA dividends)	B	II
Federal Retirement Thrift Investment Board (government investment fund, interest)	C	II
U.S. Bank checking account	D	
445 S.H. Solomons, Inc.	A	

Ethics In Government Act - Financial Statement for 1991

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

II. and III. - ASSETS AND "UNEARNED" INCOME

* This is the value of the Trust after all of the bequests of my mother's will were fulfilled. I am entitled pursuant to the Trust to receive one-half of the income from the trust until I die; at which time the trust will be distributed according to the wishes of my mother's will. Accordingly, I have only listed one-half of the Trust.

One-Half of the Assets of the Helen M. Foley Trust

9 shares of Farmers Union Grain Co.	C
115 shares of Bell Atlantic	B
123 shares of NYNEX	B
170.5 shares of American Telephone & Telegraph Co.	B
1/2 share of Central	A
3,611 shares of East Bowl, Inc.	C
Promissory Note from Clover Leaf Lanes assumed by Atomic Lanes, Inc., payable on demand, 15% int. (this has not been divided in half)	C
1/10 int. in C.P. Higgins, an individual entity	D
37.5 units in Higgins & Assoc., a Washington general partnership	D
Cash, Washington Trust Bank	D

VALUATION OF INVESTMENTS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991
II. and III. ASSETS AND "UNEARNED" INCOME

THOMAS S. FOLEY, M.C.
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

800225 FOLEY THOMAS S. A B 1 0 DECEMBER 31, 1991 PAGE 3

SHARES/PAR	DESCRIPTION	12/31/91 MARKET VALUE
	COMMON STOCKS	
	OTHER	
	MISCELLANEOUS	
9,700	SUPERTEX INC COM	48,500.00
1,000	WNS INC	250
	TOTAL OTHER	48,750.00
	TOTAL COMMON STOCKS	48,750.00
	FUNDS	
	MONEY MARKET FUNDS	
23,182.25	FEDERATED AUTO GOVT MONEY TRUST	23,182.00
	TOTAL FUNDS	23,182.00
		23,182.00
		45,751.71

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STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991
PART IV - TRANSACTIONS
ACCOUNT MANAGEMENT CORPORATION

THOMAS S. FOLEY, M.C.
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT BD0225 FOLEY THOMAS S.

INVESTMENTS SOLD AND MATURED

4/12/91	4,800.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	4,800.00
4/16/91	400SH	VALUE HEALTH INC SOLD AT 18.125	7,250.00
4/17/91	1,000SH	SUPERTEX INC COM SOLD AT 3.25	3,250.00
4/18/91	1,000SH	SUPERTEX INC COM SOLD AT 3.125	3,125.00
4/24/91	1,000SH	SUPERTEX INC COM SOLD AT 3.75	3,750.00
4/25/91	500SH	PLATINUM TECHNOLOGY INC SOLD AT 19.875	9,937.50
6/12/91	19,986.09	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	19,986.09
6/14/91	1,000SH	AU BON PAIN INC CL A SOLD AT 11	11,000.00
6/19/91	1,994.41	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	1,994.41
6/20/91	2,000SH	QUARTERDECK OFFICE SYS SOLD AT 12.25	24,500.00
6/21/91	2,000SH	PROTEON INC SOLD AT 10.625	21,250.00
6/25/91	25,000.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	25,000.00
7/15/91	110.09	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	110.09

STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991
PART IV - TRANSACTIONS

THOMAS S. FOLEY, M.C.
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 4

9/30/91	18,750.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	18,750.00
10/03/91	1,250SH	TECHNOLOGY SOLUTIONS CO SOLD AT 19.25	24,062.50
10/09/91	8,500.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	8,500.00
10/16/91	500SH	TECNOL MED PRODS INC SOLD AT 18.5	9,250.00
10/21/91	2,000SH	WARNACO GROUP INC CL A SOLD AT 21.25	42,248.58
10/22/91	10,751.42	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	10,751.42
10/25/91	17,042.88	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	17,042.88
11/06/91	10,468.14	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	10,468.14
11/06/91	500SH	CRAIG JENNY INC SOLD AT 23.625	11,737.10
11/18/91	1,000SH	HEALTH CARE & RETIREMENT CORP DEL SOLD AT 18	17,849.40
11/22/91	1,700SH	ARI NETWORK SVCS INC SOLD AT 8.75	14,875.00
11/27/91	1,000SH	INSURANCE AUTO AUCTIONS INC SOLD AT 13.25	13,250.00
12/11/91	105.89	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	105.89
12/19/91	19,000.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	19,000.00

STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991
PART IV - TRANSACTIONS

THOMAS S. FOLEY, M.C.
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 5

12/24/91	16,000.00	FEDERATED AUTO GOVT MONEY TRUST SOLD AT 100	16,000.00
12/26/91	1,000SH	PERRIGO CO SOLD AT 23	23,000.00
12/31/91	5,000	SUPERTEX INC CON SOLD AT 4.5	22,500.00

INVESTMENTS PURCHASED

4/10/91	4,000.95	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	4,000.95-

STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL TRANSACTION STATEMENT FOR 1991
PART IV - TRANSACTIONS
ACCOUNT MANAGEMENT CORPORATION

THOMAS S. FOLEY, M.C.
1201 Longworth House Office Bldg.
Washington, D.C. 20515

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 6

4/11/91	400SH	VALUE HEALTH INC BOT AT 12	4,800.00-
4/17/91	7,250.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	7,250.00-
4/18/91	3,250.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	3,250.00-
4/19/91	3,125.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	3,125.00-
4/25/91	500SH	PLATINUM TECHNOLOGY INC BOT AT 15	7,500.00-
4/25/91	3,713.06	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	3,713.06-
4/26/91	2,437.50	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	2,437.50-
6/11/91	2,000SH	PROTEON INC BOT AT 10	20,000.00-
6/13/91	1,000SH	AU BON PAIN INC CL A BOT AT 9	9,000.00-
6/17/91	1,994.41	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	1,994.41-
6/18/91	2,000SH	QUARTERDECK OFFICE SYS BOT AT 10	20,000.00-
6/21/91	6,494.41	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	6,494.41-
6/24/91	21,250.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	21,250.00-
9/17/91	8,846.57	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	8,846.57-
9/24/91	9,900.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	9,900.00-

STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991
PART IV- TRANSACTIONS

THOMAS S. FOLEY, M.C.
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S. PAGE 7

9/27/91	1,250SH	TECHNOLOGY SOLUTIONS CO BOT AT 15	18,750.00-
10/04/91	24,073.19	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	24,073.19-
10/08/91	500SH	TECNOL MED PRODS INC BOT AT 17	8,500.00-
10/17/91	9,250.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	9,250.00-
10/21/91	2,000SH	WARNACO GROUP INC CL A BOT AT 20	40,000.00-
10/21/91	12,985.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	12,985.00-
10/24/91	1,000SH	HEALTH CARE & RETIREMENT CORP DEL BOT AT 17	17,000.00-
11/05/91	500SH	CRAIG JENNY INC BOT AT 21	10,500.00-
11/07/91	11,737.10	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	11,737.10-
11/19/91	17,849.40	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	17,849.40-
11/22/91	1,700SH	ARI NETWORK SVCS INC BOT AT 8	13,600.00-
11/25/91	1,275.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	1,275.00-
11/27/91	1,000SH	INSURANCE AUTO AUCTIONS INC BOT AT 11	11,000.00-
11/29/91	2,250.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	2,250.00-

STATEMENT OF TRANSACTIONS

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991
PART IV - TRANSACTIONS

THOMAS S. FOLEY
1201 Longworth House Office Building
Washington, D.C. 20515

ACCOUNT MANAGEMENT CORPORATION

ACCOUNT BD0225 FOLEY THOMAS S.

12/23/91	1,000SH	PERRIGO CO BOT AT 16	16,000.00-
12/27/91	23,000.00	FEDERATED AUTO GOVT MONEY TRUST BOT AT 100	23,000.00-

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT FOR 1991

IV. Transactions

Assets of the Helen M. Foley Trust:

January 1, 1991 East Bowl, Inc. merged with Atomic Lanes and became East Bowl, Ltd. The 728 shares split 9 for 1 and converted to 7,222 shares and was sold on an installment contract with quarterly payments on August 1, 1991.	C
Note from Clover Leaf Lanes assumed by Atomic Lanes, Inc. payable on demand, 15% int. was paid off in May 1991	C

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

Member of the House of Representatives District 5, State of WA

PART VI - TANGIBLE GIFTS

SOURCE	GIFT	AMOUNT
Mr. Mohammad Nawaz Sharriff Prime Minister of the Islamic Republic of Pakistan	two end tables	$200.00

Ethics in Government Act - Financial Disclosure Act for 1991

Thomas S. Foley
1201 Longworth Building
Washington, D.C. 20515

Member of U.S. House of Representatives District 5, State of WA

VII. "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

SOURCE	BRIEF DESCRIPTION
Tulane University School of Law New Orleans, LA 70118	Round trip plane fare, hotel accommodations, and food for Thomas S. Foley and wife to New Orleans, LA, May 11 - 12, 1991 to give law school commencement address.

ETHICS IN GOVERNMENT ACT - FINANCIAL STATEMENT FOR 1991

Thomas S. Foley
1201 Longworth Building
Washington, D.C. 20515

Member of U.S. House of Representatives District 5, State of WA

VIII. POSITIONS

POSITION	NAME OF ORGANIZATION
Member, Congressional Advisory Council	Henry M. Jackson Foundation
Member, Board of Overseers	Whitman College
Member	Yale University Council - Comm. on Social Science - Policy
Member, Board of Directors	The Wolf Trap Foundation
Board of Advisors	Center for Strategic & International Studies
Member	WSU Foundation
Member, Advisory Council	American Ditchley Foundation
Member, Executive Committee	Democratic National Committee
Member	Council on Foreign Relations
Member, Advisory Board	Arena Stage
Member, Board of Directors	Bicycle Federation of America
Member	Trilateral Commission
Member, Board of Director	College of Virgin Islands
Commissioner	Japan United States Friendship Commission
Member, Board of Advisors	The Mansfield Foundation
Member, Advisory Committee	Center for Elected Politicians John F. Kennedy School of Government, Harvard University
Member, Congressional Advisory Board	Udall Center
Honorary Member	Rural Sociological Society

INSIDE MAIL

THOMAS S. FOLEY
5TH DISTRICT, WASHINGTON

THE SPEAKER

CONGRESSIONAL OFFICE
1201 LONGWORTH HOB
WASHINGTON, D.C. 20515-4705
AREA CODE 202 225-2006

Congress of the United States
House of Representatives
Washington, DC 20515

June 1, 1992

Dear Mr. Anderson:

In reviewing my Personal Financial Disclosure Report for 1991, I discovered that the value of the U.S. Bank checking account which was left over funds in the Estate of Helen M. Foley was incorrectly stated (this account was closed on June 26, 1991). In addition, I inadvertently omitted the income category for this account and the 445 S.H. Solomons, Inc.

Please accept this letter as an amendment to my 1991 Personal Financial Disclosure report:

Section II. and III. ASSETS AND UNEARNED INCOME

ASSET and/or INCOME SOURCE	VALUATION	INCOME
U.S. Bank checking account	A	A
445 S.H. Solomons, Inc.	A	NONE

If you have any questions, or need additional information, please do not hesitate to contact me.

Sincerely,

Thomas S. Foley
Speaker

Mr. Donnald K. Anderson
Clerk
U. S. House of Representatives
H-105, U. S. Capitol
Washington, D.C. 20515

TSF:hfm

(not printed at government expense)

92 JUN -1 PM 4:40

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

14

HAND DELIVERED

MC

(Office Use Only)

Harold E. Ford
(Full Name)

2773 Unicorn Lane, NW, Washington, DC 20015
(Mailing Address) Telephone

Filer Status	[x] Member of the U.S. House of Representatives	State: Tennessee District: 9th	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	JMC Associates, Washington, DC	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Harold E. Ford

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name
Harold E. Ford

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X					
			182 Main Street, Dover, Delaware					X							X									X						
	51% of N.J. Ford & Sons									X																				
	Funeral Home, Inc.																													
	Memphis, TN																													

For additional assets and unearned income, use next page

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Reporting Individual's Name

Harold E. Ford

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Harold E. Ford

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

SP, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Wright Patman Congressional Credit Union (Visa)	Personal	X						
	Robert D. Schokey	Personal	X						
	Mary Rogers	Personal		X					
	Tennessee Bank & Trust	Personal		X					
	Washington-Maryland National Bank (Mastercard)	Personal	X						

Reporting Individual's Name: Harold E. Ford

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
See attachment:		Harold Ford Legal Defense Fund	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Bar Association		Aug. 6-8, 1992	Roundtrip air from Wash., DC to Indianapolis,	
			3 days food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Harold E. Ford

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Advisory Board	St. Jude Children's Research Hospital
Board of Directors	YMCA of Memphis, TN

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Harold E. Ford	6/1/92

GPO 1991 50-287 (m)

1991 Contributions to
Harold Ford Legal Defense Fund

DEPOSIT DATE	NAME AND ADDRESS	AMOUNT
12/12/91	Ms. O. Fox 1435 James St. Memphis, TN 38106	$20.00
12/12/91	Alpha Dortch 1031 N. Watkins, #8 Memphis, TN	$10.00
12/12/91	Pearl Crawford 1081 Court, Apt. 834C Memphis, TN	$10.00
12/05/91	Rev. Carl C. Liggin 1575 Miller Memphis, TN 38106	$4.00
12/05/91	Katherine Maclin 586 Walker Ave. Memphis, TN 38126	$5.00
12/05/91	Valeria K. Hobson 2785 Gruber Dr. Memphis, TN 38127	$5.00
12/05/91	Deborah A. Thompson 1054 N. Belvedere Memphis, TN 38107	$5.00
12/05/91	Linda Veasey 5035 Penwood Cove Memphis, TN 38118	$5.00
12/05/91	Helen E. Porter 2420 Kinball Ave. Memphis, TN 38114	$5.00
12/05/91	Annette Coleman 4469 N. Cedar Glen, #7 Memphis, TN 38128	$5.00
12/05/91	Mary Lee Seymour 1618 Silver St. Memphis, TN 38106	$10.00
12/05/91	Elma D. Hill 2452 Arlington Memphis, TN 38114	$10.00

12/05/91	Curtis E. Lopez 1471 Baggett Dr., #1 Memphis, TN 38127	$10.00
12/05/91	Rev. Vergus L. Jones 4215 Southwryck Ln. Memphis, TN 38116	$10.00
12/05/91	Jane K. Mead 3373 Steve Rd. 11 Memphis, TN 38111	$10.00
12/05/91	Linda Adkins 5016 Elvis Presley Blvd. Memphis, TN 38116	$10.00
12/05/91	Linda F. Clark 1270 Peach Ave. Memphis, TN 38104	$10.00
12/05/91	Edward L. Brooks 3360 Cloudland Dr. Memphis, TN 38118	$10.00
12/05/91	Antel Payne P.O. Box 301013 Memphis, TN 38130	$15.00
12/05/91	Dolores A. Jackson 2910 Brook Tree Cr. Memphis, Tn 38119	$15.00
12/05/91	Carolyn N. Whitney 5029 Ravensworth Memphis, TN 38109	$20.00
12/05/91	Linita D. Stewart 3907 Onyx Cv. Memphis, Tn 38127	$20.00
12/05/91	Edward Earl Randle 910 Hester Rd. Memphis, TN 38116	$20.00
12/05/91	Erma Lee Laws 1338 Dunnavant Memphis, TN 38106	$20.00
12/05/91	Hazel's Hair Fashions 4105 Elvis Presley Blvd. Memphis, TN 38116	$25.00

12/05/91	Terry R. Clayton P.O. Box 22341 Nashville, TN 37202	$25.00
12/05/91	Matthew R. Davis 1107 Argyle Memphis, TN 38107	$25.00
12/05/91	Shepperson A. Wilbun, Jr. 502 S. Main #2 Memphis, TN 38103	$25.00
12/05/91	Lou Ella Hamilton 1347 Labrador Ln. Memphis, TN 38116	$25.00
12/05/91	Hattie E. Jackson 1443 S. Parkway E. Memphis, TN 38106	$25.00
12/05/91	Mattie Lindsey P.O. Box 30683 Memphis, TN 38130	$25.00
12/05/91	Thurman Dandridge 519 Moline Rd. Memphis, TN 38109	$25.00
12/05/91	Rev. James Sullen 1484 E. Dempster Ave. Memphis, TN 38106	$25.00
12/05/91	Julia D. Woodard 1655 E. Sahara Ave. Las Vegas, NV 89104	$25.00
12/05/91	Callie Young 255 N. Lauderdale, Box 504 Memphis, TN 38105	$25.00
12/05/91	Allene C. McGuire 2444 Perry Rd. Memphis, TN 38106	$37.00
12/05/91	Brooks Beauty Supply 2330 Elvis Presley Memphis, TN 38106	$50.00
12/05/91	Calvary Church Of God In Christ 1532 Ellington St. Memphis, TN 38108	$50.00

12/05/91	Friends of Myron Lowery P.O. Box 3560 Memphis,TN 38173	$50.00
12/05/91	Neil O'Brien 2759 Hunters Horn Cv. Germantown, Tn 38138	$50.00
12/05/91	Linda L. Hudson 3680 Irma Memphis, TN 38127	$50.00
12/05/91	Mary B. Carpenter 3661 Summershade Cv. Memphis, Tn 38116	$50.00
12/05/91	Oscar Exum 155 Sullivan Dr. Memphis, TN 38109	$50.00
12/05/91	Roscoe Dixon 3592 Huckleberry Memphis, TN 38116	$50.00
12/05/91	Esther J. Thornton 2564 Fontaine Rd. Memphis, TN 38106	$58.00
12/05/91	Pastor Dannie D. Holmes 2007 Laramie Memphis, TN 38106	$100.00
12/05/91	Jack L. Payne Lincoln American Tower Suite 1320 60 N. Mid America Mall Memphis, TN 38103	$100.00
12/05/91	Keel Ave. Baptist Church 778 N. Bellevue Blvd. Memphis, TN 38107	$100.00
12/05/91	New Jerusalem Missionary Baptist Church 6262 Hacks Cross Rd. Olive Branch, MS 38654	$100.00
12/05/91	W & R Drum, Inc. 1863 S. Wellington Memphis, Tn 38106	$100.00
12/05/91	Olivet Baptist Church 3084 Southern Ave. Memphis, Tn 38111	$100.00

12/05/91	Mount Sinai M.B. Church P.O. Box 203 Memphis, TN 38101	$100.00
12/05/91	Springdale Baptist Church 1193 Springdale St. Memphis, Tn 38108	$100.00
12/05/91	W.A. Adkins 5016 Elvis Presley Blvd. Memphis, Tn 38116	$100.00
12/05/91	Springdale Baptist Church 1193 Springdale St. Memphis, Tn 38103	$100.00
12/05/91	Featherstone Temple 2160 Chelsea Memphis, TN 38108	$100.00
12/05/91	Pilgrim Rest Baptist Church 1484 Pillow St. Memphis,TN 38106	$150.00
12/05/91	Early Grove Baptist Church 557 Lester St. Memphis, TN 38112	$150.00
12/05/91	Historical First Baptist Church 379 Beale St. Memphis, TN 38103	$150.00
12/05/91	Ebenezer Baptist Church 1221 Semmes Memphis,TN 38101	$200.00
12/05/91	Rev. Melvin C. Smith 1263 Haynes Rd. Memphis, TN 38114	$200.00
12/05/91	Dr. Leonard D. Wright, Jr. 479 S. Cherry Rd. Memphis, TN 38117	$200.00
12/05/91	Garland E. Wood 51 W. 105th St. New York, NY 10025	$250.00
12/05/91	Judge Luke C. Moore 1831 Upshur Street, N.E. Washington, D.C. 20018	$250.00

12/05/91	[redacted] ROBBS 4294 Stage Rd. Memphis, TN 38128	$300.00
12/05/91	Cummings Street Baptist Church 794 E. Raines Memphis, TN 38116	$300.00
12/05/91	First American Bank Airpark Memphis, TN	$385.00
12/05/91	David Porter 1998 Mt. Repose Dr. Germantown, TN 38138	$500.00
12/05/91	Boatmen's Bank of Tennessee	$735.00
12/05/91	Christian United Missionary Baptist Church 2421 Frayser Blvd. Memphis, TN 38127	$180.00
12/05/91	Doris S. Carter 857 Maple Dr. Memphis, TN 38108	$20.00
11/27/91	J.H. Thompkin 911 Kerr Ave., #3 Memphis, TN 38106	$25.00
11/27/91	Gloria J. Pearson 1576 Foster Ave. Memphis, TN 38106	$10.00
11/19/91	Gloria Pearson 1576 Foster Ave. Memphis, TN 38106	$25.00
9/20/91	Tom Baker 3804 Woodmont Lane Memphis, TN 38125	$25.00
9/20/91	Memphis Division 555 S. Third Memphis, TN 38101	$265.36
9/20/91	Allen Morgan, Jr. c/o Morgan Keegan & Co. 50 North Front Street Memphis, TN 38103	$500.00

7/26/91	Sheldon Smith 6490 Crescent Avenue. No. 27 Buena Park, CA 90620	$10.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY -8 PM 2 41

(8)

INSIDE MAIL

MC (Office Use Only)

William D. Ford
(Full Name)

2371 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Telephone 225-6261

Filer Status	[X] Member of the U.S House of Representatives	State MI District 15	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Williams & Jensen, Washington, D.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
William D. Ford

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
Society for Human Resource Management, Alexandria, VA	Speech	March 14, 1991	$1,500.00
Preston, Gates, Ellis & Rouvelas, Meeds, Washington, D.C.	Speech	April 9, 1991	$1,000.00

Reporting Individual's Name
William D. Ford

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
	Congressional Fedl. Credit U (savings)				X										X						X									
	IRA - Congr. Fedl. Credit Union				X														none	X										
	IRA - John Alden Life Ins. Co.					X													none	X										
	Keough - Lincoln Natl. Pension Co.						X												none	X										
S	Lot 27A resub of Lots 26, 59, 29,																													
	Jos. P. Merritt's addition to Country Club Grove, Arl., VA (RPC-03-072-015)		X													X										X				X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William D. Ford

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Passport Charters Assoc., L.P.	x																Return of capital					x						x
S	Capitol Equipment Assoc. I, L.P. (office equipment leasing)		x																x										
S	Capitol Equipment Assoc. II, L.P. (common stock, Financial Express, Washington, D.C.)		x																x										
S	IRA, Fidelity Magellan Fund				x															x									
S	Williams & Jensen, P.C. Pension & Profit Sharing plans							x												x									
S	Century Natl. Bank (savings & checking)			x										x							x								
S	Common stock, Williams & Jensen, P.C.			x																x									
S	N.F. Corporation (investment in Crestar Corp. Money Market account)			x																x									

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Reporting Individual's Name
William D. Ford

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Passport Charter Associates, charter boat limited partnership -- final payment on dissolution		x		10/4/91	x						
S	Lot 27A, Resub of Lots 26, 59, 29 Jos. P. Merritt's addition to Country Club Grove, Arlington, VA (RPC-03-072-015)		x		4/24/91		x					

Reporting Individual's Name
William D. Ford

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Williams & Jensen Pension Plan	Mortgage on Arlington, VA property (paid off 1991)		x					
S	Williams & Jensen Pension Plan	Personal loan (paid off 1991)	x						

Reporting Individual's Name
William D. Ford

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Taylor Rotary Club	Raffle winnings, not subject to House rules	$1,000.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
AFL-CIO	Feb. 17-20 1991	Roundtrip air from Wash. D.C. to Miami, 3 days lodging & food, self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: William D. Ford

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William D. Ford	5/6/92

INSIDE MAIL

WILLIAM D. FORD
15TH DISTRICT, MICHIGAN

2371 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON DC 20515-2215
(202) 225-8261

DISTRICT OFFICES
FEDERAL BUILDING
WAYNE MI 48184-1696
(313) 722-1411

31 SOUTH HURON
YPSILANTI MI 48197-5420
(313) 482-6636

(1) (9:

CHAIRMAN,
COMMITTEE ON
EDUCATION AND LABOR

SUBCOMMITTEE
CHAIRMAN,
POSTSECONDARY EDUCATION

Congress of the United States
House of Representatives
Washington, DC 20515-2215

May 13, 1992

✓ MC

MAY 14 1 8 35

Mr. Donnald K. Anderson
Clerk, U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Anderson:

In filing my Financial Disclosure Statement for Calendar Year 1991, I inadvertently left out an item for Part VII -- Reimbursements. On November 17, 1991, I travelled from Washington, D.C. to Cleveland, Ohio, for the Tom Sawyer Committee. The Committee provided round-trip air and one night's lodging and food.

With kind regards, I am

Sincerely yours,

WILLIAM D. FORD
Member of Congress

WDF:jwm

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 14 PM 3 19

(7)

Barney Frank
(Full Name)

2404 Rayburn HOB
(Mailing Address)

202-225-5931
Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State MA District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

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Reporting Individual's Name

Barney Frank

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year If so, provide details in Section IV on page A-3 For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left (This is optional) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	US Trust (Boston, MA) - IRA				X									X								X							(interest & principal)
	TIAA-CREF Retirement Account				X														X										
	114 Floral St, (Newton, MA) personal residence				X														X										
	1328 Corcoran St., NW (Wash., DC) personal residence (half interest)						X												X										
	Random House (advance)																	royalties							X				
	For liabilities on Floral and Corcoran Streets see Part V																												

For additional assets and unearned income, use next page

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Reporting Individual's Name

Barney Frank

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Barney Frank

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bank of Boston	Mortgage on 114 Floral St. (Newton, MA) personal residence			X				
	Sears Co.	Mortgage on 1328 Corcoran St., NW (Wash., DC) personal residence				X			
		(one half interest)							
	Bank of Boston	Home equity loan on Floral St. property		X					
	Note: The original lenders sold these three loans to the above companies without advance								
	notice to Congressman Frank								
	For assets on Floral and Corcoran Streets see Part II								

Reporting Individual's Name
Barney Frank

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C. to Seattle, 3 days food & lodging, self and spouse	
Shalom Center (Phila., PA)		1-7-91	Air travel from Providence, RI to New York City for Conference Air travel from New York to Washington, DC	
Yale Political Union and Yale Lesbian, Gay and Bisexual Cooperative		4-4-91	Roundtrip train travel from Boston to New Haven	
University of Oregon		4-19-91- 4-21-91	Air travel to Portland, OR, two days food and lodging	
Human Rights Campaign Fund		6-21-91- 6-22-91	Roundtrip air travel from Washington to Philadelphia, food and lodging for one night	
Human Rights Campaign Fund		9-14-91- 9-15-91	Roundtrip air travel from Washington to Dallas, TX, and food and lodging for one night	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name

Barney Frank

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Random House	6-2-91	Air travel from Washington, DC to New York City Air travel from New York to Boston	
Human Rights Campaign Fund	9-20-91	Air travel Washington, DC to New York City	
Portland Jewish Federation	11-10-91	Air travel from New York City to Portland, ME Automobile travel from Portland to Boston	
Iowa Dignity and Equality Advocates	12-7-91- 12-8-91	Air travel from Boston to Des Moines, food and lodging for one night Air travel from Des Moines to Washington, DC	

Reporting Individual's Name: Barney Frank

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] NA [x]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [x]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 14, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 JUN -1 PM 4:31

(8)

HAND DELIVERED

MC

(Office Use Only)

GARY A. FRANKS, M.C.
(Full Name)

925 ORONOKE ROAD
(Mailing Address)

WATERBURY, CT 06708

Telephone (203) 574-3618

Filer Status	[X] Member of the U.S. House of Representatives	State: CT District: 5th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. CONGRESS	SALARY	$113,980

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
GARY A. FRANKS, M.C.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
NATIONAL RESTAURANT ASSOC, EDUCATIONAL FOUNDATION	APPEARANCE	5/17-5/19/91	$1,000.00

Reporting Individual's Name
GARY A. FRANKS, M.C.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S — ABC Corporation Stock			X								X									X							X
	Examples: — George Wash. Credit Union Accounts				X									X									X					
	Examples: — 182 Main Street, Dover, Delaware					X							X									X						
	RUDO GROUP STOCK, WATERBURY, CT						X					X							X									
	134 SCARSBUROUGH PLACE, own 50% CHARLOTTESVILLE, VA					X							X										X					
	176 ORANGE STREET, own 16% WATERBURY, CT					X							X											X				
	706 ORONOKE ROAD, own 16% WATERBURY, CT						X						X											X				
	20 SHAGBACK ROAD, own 50% WATERBURY, CT						X						X											X				
	925 ORONOKE ROAD WATERBURY, CT						X						X								X							

For additional assets and unearned income, use next page

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Reporting Individual's Name
GARY A. FRANKS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	N/A											

Reporting Individual's Name
GARY A. FRANKS

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 16.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del.				X			
	AMERICAN BANK, WATERBURY, CT	MORTGAGE ON 20 SHAGBACK RD WATERBURY, CT				X			
	AMERICAN BANK, WATERBURY, CT	MORTGAGE ON 925 ORONOKE RD WATERBURY, CT				X			
	NAUGATUCK SAVINGS, NAUGATUCK, CT	MORTGAGE ON 176 ORANGE ST WATERBURY, CT			X				
	R. ROCKFORD TRUSTEE, WEST HARTFORD, CT	MORTGAGE ON 706 ORONOKE RD		X					
	MARYLAND BANK, BALTIMORE, MD	UNSECURED	X						
	NAUGATUCK SAVINGS, NAUGATUCK, CT	UNSECURED		X					
	CONNECTICUT NATIONAL BANK, WATERBURY, CT	UNSECURED		X					
	AMERICAN BANK, WATERBURY, CT	UNSECURED		X					
	VACALEBRE, CARMEN: WATERBURY, CT	UNSECURED		X					

Reporting Individual's Name
GARY A. FRANKS, M.C.

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
	N/A	

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
HARRIS COUNTY GOP, HOUSTON, TX	3/3-4/91	KEYNOTE SPEAKER ROUNDTRIP AIR TRAVEL FROM CT TO HOUSTON, FOOD & LODGE	
MIAMI GOP, (ELEPHANT FORUM)	3/30-4/2/91	ROUNDTRIP AIR TRAVEL FROM CT TO MIAMI, FOOD & LODGE SELF AND WIFE, KEYNOTE SPEAKER	
AIPAC, ALLENTOWN, PA	4/29-30/91	ROUNDTRIP AIR TRAVEL FROM CT TO ALLENTOWN, FOOD & LODGE, KEYNOTE SPEAKER	
MIAMI, FL YOUNG GOP NATIONAL CONVENTION	7/13-14/91	ROUNDTRIP AIR TRAVEL FROM CT TO MIAMI, FOOD & LODGE, KEYNOTE SPEAKER	
CHICAGO. ILL NATIONAL RESTAURANT ASSOC,	5/17-19/91	ROUNDTRIP AIR TRAVEL FROM CT TO CHICAGO, FOOD & LODGE. APPEARANCE AND PANELIST AT CONVENTION	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
GARY A. FRANKS

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
MASS. GOP, BOSTON, MA	10/25-26/91	ROUNDTRIP CAR TRAVEL FROM CT TO BOSTON, FOOD & LODGING, SPEAKING ENGAGEMENT	
WATERBURY, CT WATERBURY JEWISH FEDERATION	8/18-27/91	ROUNDTRIP AIR TRAVEL FROM NY TO ISRAEL, FOOD & LODGING, SELF & WIFE, FACT FINDING EVENTS	

Reporting Individual's Name
GARY A. FRANKS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
TRUSTEE	FRANKS FAMILY TRUST

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
	N/A	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Gary A. Franks	6/1/92

GPO 1991 50-287(94)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 12 AM 10:00

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(9)

Martin Frost
(Full Name)

2459 Rayburn Building
(Mailing Address)

202-225-3605
Telephone

Washington, D. C.

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 24th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Brener Building Maintenance	Spouse Salary	$235.00

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Martin Frost

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Connell Rice and Sugar, Westfield, N. J.	Speech	Aug. 14, 1991	$2,000.00
Shared Medical Systems Corporation, Malvern, Pa.	Speech	Oct. 21, 1991	$2,000.00

Reporting Individual's Name
Martin Frost

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	162 Main Street, Dover, Delaware					X							X									X							
	Central & Southwest Stock				X							X										X							
	Eli Lilly Stock				X							X									X								
	Exxon Stock					X						X										X							
	Fundamental Investors Mutual F.			X								X			X						X								X
	General Motors Stock		X									X			X					X									X
	Houston Industries Stock			X								X										X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Martin Frost

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Merck Stock			X								X									X								
	Schering Plough Stock			X								X								X									
	Quaker Oats Stock (IRA)			X								X							X										
	Treasury C.A.T.S. (IRA)			X										X					X										
	Municipal Investment Trust Fund			X										X						X									
JT	Walmart Stock				X							X								X									
JT	Rental Property, Dallas, Texas				X								X											X					
S	McDonalds Stock			X								X								X									
S	Waste Mgt. Stock			X								X								X									
S	Blockbuster Stock			X								X								X									
S	Treasury C.A.T.S. (IRA)			X										X					X										
DC	Kelly Services			X								X								X									
DC	Treas.Certificates of Accural				X									X									X						
DC	NCNB. Dallas,Tx., Savings Account					X								X									X						
DC	Citicorp Savings, Houston,Tx., Sv.Act.			X										X							X								

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Martin Frost

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Bell South, Stock			x								x									x								
DC	Duke Power, Stock			x								x									x								
DC	Federal Ins. Mortgage			x								x									x								
DC	Florida Progress Stock			x								x									x								
DC	Nynex Stock			x								x									x								
DC	Pacific Am. Ins., Stock			x								x									x								
DC	RYMAC Corp., Stock			x								x									x								
DC	SCE Corp., Stock			x								x									x								
DC	Southwestern Bell Stock			x								x									x								
DC	Bond, Conroe, Tx. ISD			x															x										
DC	Bond, Md.St.Health & Higher Education			x															x										
DC	Bond, Austin, Tx. Combined Utility			x															x										
DC	Shaw's of Tx. Stock	x																	x										
DC	McDonalds			x								x								x									
DC	Walmart Stock			x								x								x									

[redacted] (Form 8)

Reporting Individual's Name
Martin Frost

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	General Motors Stock		x		1/2/91	x						
	Fundamental Investors Mutual Fund		x		6/2/91	x						
	Fundamental Investors Mutual Fund		x		8/6/91	x						
DC	McDonalds Stock	x			1/91	x						

Reporting Individual's Name
Martin Frost

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Harlingen National Bank	Mortgage on 2535 Wedglea,Dallas,Tx.		X					

Financial Disclosure A-4

Reporting Individual's Name
Martin Frost

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source		Brief Description	Value
Example:	Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135
Czechoslovak Parliament		Painting by B. Horalek	$200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Aspen Institute		Aug.23-31 1991	Airfare from Budapest to Washington, 7 days food and lodging	
Shared Medical Systems Corp.		Oct.20-21 1991	Round trip airfare,food and lodging, 1 night, Tucson, Ariz.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Martin Frost

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Mart Frost	5/8/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 20 AM 10: 31

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ELTON GALLEGLY (Full Name)	
P. O. Box 3789 (Mailing Address)	805-522-4487 (Telephone)
Simi Valley, CA 93093	

Filer Status	[XX] Member of the U.S. House of Representatives	State CA District 21	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC MAY 15 1992 (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Dynamic Realty	Spouse Salary	N/A
	Nostalgia Junction	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
ELTON GALLEGLY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	1791 Erringer Rd., Simi Valley							X				X												X					
	1353 Agnew St., Simi Valley, CA						X					X											X						
	Vacant lot Tahoe Keys, Lake Tahoe, CA (½ interest with D. Ross)				X														X										
S	Dynamic Realty			X															X										
S	Nostalgia Junction					X													X										
	Simi Valley Bank			X															X										

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ELTON GALLEGLY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
	Valley Federal Savings			X										X							X								
	IRA - Sierra Capital Realty Trust				X							X									X								
	IRA - Carnegie Cappiello Trust			X								X									X								
	IRA - Idex Fund 3				X							X									X								
	IRA - Ventura Pacific Capital Group			X															X										
S	IRA - Carnegie Cappiello			X								X									X								
S	IRA - Carnegie Cappiello			X										X						X									
S	IRA - Pershing			X															X										
	Keough - Bank of A. Levy			X										X							X								

[redacted] (Form A)

Reporting Individual's Name
ELTON GALLEGLY

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Amgen stock (through IRA - Pershing)	X			10-18-91	X						

Reporting Individual's Name
ELTON GALLEGLY

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	H. L. Schweitzer, P.O.Box 602, Tujunga, CA	Mortgage on 1791 Erringer, SV, CA			X				
	Valley Federal, Simi Valley, CA	Mortgage on 1353 Agnew, SV, CA		X					

Reporting Individual's Name
ELTON GALLEGLY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fluor Corporation	Mar 13-16, 1991	Roundtrip Air from Wash., DC to Bahrain, Kuwait, 3 days food & lodging, self	
The Congressional Institute	Mar 14-16, 1991	Roundtrip ground transportation from Wash.DC to Princeton,NJ, food & lodging,	spouse

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ELTON GALLEGLY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [XX]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION.

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)

GPO : 1991 : 50-297 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 5 7 12 PM 3 44

(11)

Dean A. Gallo
(Full Name)

64 Continental Road
(Mailing Address)

Morris Plains, NJ 07950

Telephone: 201-292-9292

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State: New Jersey District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

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Reporting Individual's Name

Dean A. Gallo

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Connell Company	Speech	May 13, 1991	$2,000
Public Service Electric & Gas	Speech	Dec. 5, 1991	$1,000
Note: A confidential transmittal including the recipients of the payments has been filed with the Committee on Standards of Official Conduct in accordance with instructions.			

Reporting Individual's Name

Dean A. Gallo

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	Congressional Federal Credit Union Savings A/C			X										X						X								
	Morris County Federal Credit Union Savings A/C		X											X						X								
	202 North Associates, Parsippany NJ 25% Interest					X								X				Partner-ship		X								
	D&H Enterprises, Hanover, NJ 25% Interest					X								X				Partner-ship				X						
	Zodiac Futures Fund, St. Louis MO .19659 Interest			X										X				Partner ship			X							
	Oppenheimer Directors Fund	X										X									X							X

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Dean A. Gallo

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Templeton Growth Fund				x							x										x						
Investment Company of America				x							x								x								x
Gallo & DeCroce, Inc. 50% Common Stock				x							x					Sub S Corp.		x									
Gal-Lex & Tedesco, INC. 25% Common Stock				x												Sub S Corp.							x				
Powder Mill Bank 24,500 Common Shares				x							x						x										
Gallo, DeCroce & Hubler, 33 1/3 % Common Stock (In liquidation)		x														Sub S Corp.				x							
Rand Associates, Hanover, NJ 25% Interest					x											Partner-ship	x										
7410 Partnership, Morris Plains, NJ 50% Interest						x								x		Partner-ship							x				
Fox Ridge Associates, Morris Plains, NJ 16.67 Interest		x														Partner-ship	x										
Franklin Ridge Associates, Rockaway, NJ 33 1/3% Interest				x												Partner-ship	x										
Park Hill Estates, Parsippany, NJ 25% Interest					x											Partner-ship							x				
G.T. Europe Growth Fund			x								x							x									
Equitable Life Insurance Co.				x												Life Ins. Gain		x									x
Oppenheimer Target Fund				x							x								x								x
AG Edwards & Sons Daily CashFund			x								x								x								

[redacted] (Form A)

Financial Disclosure A-2(a)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Dean A. Gallo

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
American Barrick Res Corp 200 shares (Note 1)				X								X								X										
Echo Bay Mines Ltd. 100 shares (Note 1)			X									X								X										
Freeport-McMoran Copper & Gold 350 Shares				X								X									X									
Hardex Environmental Recovery 250 Shares				X								X							X											
Middlesex County NJ Bonds (Note 1)				X										X							X									
Mount Olive Township NJ Bonds (Note 1)				X										X							X									
NJ Economic Dev Auth Bonds (Note 1)				X										X							X									
NJ Health Care Facs. Bonds (Note 1)				X										X							X									
BIS Communication Corp 1000 Shares		X																	X											
AG Edwards Daily Cash Fund - IRA Account				X								X								X										
FNMA 8.75 REMIC Pass thru CTF - IRA Account				X										X							X									X
FNMA 9.0 GTD REMIC Pass thru CTF- IRA Account				X										X							X									X
C.D. Greenwood Trust Co. IRA ACCount				X										X						X										
Kemper Investment Portfolio - IRA Account				X										X							X									
CD MFRS Hanover Trust Co. - IRA Account				X										X						X										

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Dean A. Gallo

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Ryland Acceptance Corp. Three CMO - Ira Account			X										X						X								
River Bank of America IRA Account			X										X						X								
Scudder New Europe Fund			X								X								X								
US Treasury Note			X										X						X								X
Warner Lampert, Common Shares			X								X								X								X
Note 1: Assets indicated are shown in detail. In previous reporting periods they were shown as part of combined broker accounts with A.G. Edwards & Sons, Inc.																											
Note 2: Assets listed as partnerships or Sub S Corporations represent income from pass-through entities and are passive in nature requiring no participation by member.																											

Reporting Individual's Name: Dean A. Gallo

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	U.S. Treasury Note, $10,000 Principal Amount		x		9-30-91	x						
	Investment Company of America, shares - IRA Account	x			10-4-91	x						
	FNMA 9% REMIC Series Class H - IRA Account	x			6-21-91	x						
	Warner-Lambert, Common Shares - IRA Account		x		9-11-91	x						
	FNMA 8.75% REMIC Class M - IRA Account	x			10- 4-91	x						
	Oppenheimer Directors Fund		x		6-20-91		x					
	Oppenheimer Target Fund	x			6-20-91		x					
	Equitable Variable Life Insurance Company/ National Life Insurance Policy Exchange			x	11-15-91	x						

Reporting Individual's Name

Dean A. Gallo

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any* time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [x]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Dean A. Gallo

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Example: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Example: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Dean A. Gallo

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
	See Financial Disclosure Detail Page A-6(a) Attached

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)

Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.)

Yes [ ] No [ ] NA [x]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Dean A. Gallo

DATE (Month, Day, Year): 5-8-1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

REPORTING INDIVIDUAL
DEAN A. GALLO

PART VIII-POSITIONS

POSITIONS	NAME OF ORGANIZATION
President	Gallo & DeCroce, Inc. Parsippany,NJ
Vice President	Gal Lex & Tedesco, Inc. Parsippany, NJ
President	Gallo, DeCroce, & Hubler, Inc (in liquidation)
Partner 25%	D&H Enterprises E. Hanover, NJ
Partner 25%	Rand Associates E. Hanover, NJ
Partner 50%	7410 Partnership Morris Plains, NJ
Partner 16.67%	Fox Ridge Assoc. Morris Plains, NJ
Partner 33 1/3%	Franklin Ridge Assoc. Morris Plains, NJ
Partner 25%	202 North Associates, Parsippany, NJ
Partner .19659%	Zodiac Futures Fund St. Louis, MO
Partner 25%	Park Hill Estates Parsippany, NJ
Director	Powder Mill Bank Morris Plains, NJ
Investor	All Mutual Funds listed in II & III
Investor	Various Savings Accounts

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 AM 9 40

(7)

Joseph M. Gaydos
(Full Name)

3000 Valley Ridge Road
(Mailing Address) Telephone

McKeesport, PA 15133

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 20th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED
mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
JOSEPH M. GAYDOS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Building & Construction Trades Dept., AFL-CIO Washington, DC	Speech	Apr.23,1991	$1,000
Smith, Heenan& Althen (speech to representatives of mining industry) Washington, DC	Speech	June 4,1991	$1,000
AFL-CIO Metal Trades Department Washington, DC	Speech	Oct. 17,1991	$500
USX Corporation Washington, DC	Speech	Nov. 20,1991	$2,000
Marine Engineers Beneficial Association Washington, DC	Speech	Dec. 5,1991	$2,000

Reporting Individual's Name

JOSEPH M. GAYDOS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X								X
			George Wash. Credit Union Accounts				X									X									X					
			182 Main Street, Dover, Delaware					X							X								X							
	Apt. 406, 305 C St., NE Washington, DC 20002							X							X										X					
	Congressional Fed. Credit Union Washington, DC 20515					X										X					X									

For additional assets and unearned income, use next page

Reporting Individual's Name

JOSEPH M. GAYDOS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
JOSEPH M. GAYDOS

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Maryland National Mortgage Co. Baltimore, MD	Mortgage on Apt. 406, 305 C St. NE, Washington, DC		X					
	Three Rivers Bank McKeesport, PA	Personal Loan	X						

Reporting Individual's Name: JOSEPH M. GAYDOS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Coordination Council for North American Affairs		8/26 - 9/6/91	Air travel, Pittsburgh,PA to Taiwan, Korea, Thailand and return & 7 days lodging; other days travel	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: JOSEPH M. GAYDOS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joseph M. Gaydos	5/14/92

GPO : 1991 : 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 AM 9 57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(6)

Samuel Gejdenson
(Full Name)

2416 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Telephone: 202/225-2076

Filer Status	[X] Member of the U.S. House of Representatives	State: Connecticut District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

me
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Lone Oak Montessori School, Bethesda, MD	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Samuel Gejdenson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
JT	110 3rd Street, NE Washington, DC (Basement apartment)							X						X											X					
JT	Wright Patman Cong. Fed. Credit Union (Savings, Individual Retirement Accts)					X									X							X								
JT	Presidential Savings, Wash. DC (Savings Acct.)					X									X							X								
JT	Anchor Nat. Life Insurance Co. Denver, CO (Savings Acct.)					X									X							X								
S	Georgia Power (Bonds, 2004)					X									X								X							
S	Reliance Group (Bonds, 1988)					X									X							X								

For additional assets and unearned income, use next page

1981

Reporting Individual's Name: Samuel Gejdenson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Samuel Gejdenson

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Samuel Gejdenson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [x]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Television & Film Production, Ltd. London, U.K. (BBC Interview 8/10/91)	Aug. 7-19 1991	1 way airfare for self; 1 night lodging self & spouse; remainder of trip at own expense.	
Utah Wilderness Coalition (Fact-finding)	Sept. 6-9 1991	R/T airfare bet/ Wash. DC & Grand Junction, CO; ground transportation; lodging & meals; for self and child.	
Jewish Federation of Cincinnati Cincinnati, OH (Speaking engagement)	Oct. 10-11 1991	R/T airfare bet/ Wash. DC & Cincinnati, OH; ground transportation, 1 night lodging, meals; for self.	
Jewish Federation of Reading, PA Reading, PA (Speaking engagement)	Nov. 10-11 1991	R/T airfare bet/ BWI airport & Reading, PA; Auto rental bet/ Wash. DC & BWI airport; 1 night lodging, meals; for self.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Samuel Gejdenson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) — Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) — Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May, 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 13 PM 12 33

(8)

HAND DELIVERED

(Office Use Only) MC

GEORGE W GEKAS
(Full Name)

732 SOUTH 25TH STREET
(Mailing Address)

HARRISBURG, PENNSYLVANIA 17111

Telephone 717-564-0784

Filer Status	X Member of the U.S. House of Representatives	State: PENNSYLVANIA District 17	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	GORDON D. MYERS, M.D., P.C.	SPOUSE SALARY	N/A
	COMMONWEALTH OF PENNSYLVANIA - STATE EMPLOYEES RETIREMENT SYSTEM	PENSION	14,020
	GORDON D. MYERS, M.D., P.C. DEFINED CONTRIBUTION RETIREMENT PLAN	SPOUSE'S LUMP SUM RETIREMENT BENEFIT	N/A

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

1386

Reporting Individual's Name

GEORGE W. GEKAS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you **may list** only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the **asset was purchased**, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an **asset**, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware						X						X									X							
	Dauphin Deposit Bank (IRA) Harrisburg PA				X										X							N/A - IRA								
S	Fidelity Securities (IRA) New York, NY (See Schedule A)						X								X							N/A - IRA								X
S	Mutual Life Insurance of N.Y. (IRA) Purchase, NY				X										X							N/A - IRA								
	Congressional Federal Life Washington, DC				X										X					X										
	Dauphin Deposit Bank Harrisburg PA					X									X								X							
	[illegible] PA						X								X									X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
GEORGE W GERAS

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	HARRIS SAVINGS ASSOCIATION HARRISBURG PA			X										X						X									
	US SAVINGS BONDS				X									X					X										X
S	US SAVINGS BONDS	X												X								X							X
S	NEW YORK LIFE INSURANCE CO. NEW YORK, NY POLICY #1										LIFE INSURANCE			X						X									
	DEAN, WITTER, REYNOLDS, INC. UNIT MUNICIPAL INV. TRUST FUND			X										X							X								
	EQUITABLE LIFE ASSURANCE MILFORD, CT										LIFE INSURANCE			X							X								
	FINANCIAL INSTITUTIONAL FUND DENVER, CO			X								X			X					X									
	CCNB CORPORATION STOCK (1/2 INTEREST)				X							X										X							
S	CCNB CORPORATION STOCK				X							X									X								
S	MELLON BANK HARRISBURG, PA (FORMERLY COMMONWEALTH NAT'L BANK)	X												X							X								
S	HARRIS SAVINGS ASSOCIATION HARRISBURG PA	X												X							X								
	CCNB CORPORATION NEW CUMBERLAND PA			X										X						X									
	MERIDIAN BANK READING PA (FORMERLY HILL FINANCIAL)		X											X						X									
S	NEW YORK LIFE INSURANCE CO. NEW YORK, NY POLICY #2										LIFE INSURANCE			X						X									
S	124 BOAS STREET, HARRISBURG, PA					X						X							X										X

(Form A)

Reporting Individual's Name

George W. Gekas

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	U.S. Savings Bonds	X			1 28 91		X					
S	124 Bow Street, Harrisburg, PA — Rental Property not Rented in 1991	X			1 7 91			X				
	U.S. Savings Bonds		X		1 30 91	X						
S	Rollover of Proceeds from Gordon Myers, MD, PC											
	Deferred Contribution Retirement Plan to Prudential											
	Securities, Inc IRA											
	AIM Equity Funds, Inc. - Charter Fund	X			8 16 91	X						
	AIM Equity Funds, Inc. - Charter Fund	X			9 17 91	X						
	AIM Equity Funds, Inc - Charter Fund	X			10 16 91	X						
	AIM Equity Funds, Inc - Charter Fund	X			11 14 91	X						
	FHLMC Remic Series 1133N	X			9 30 91		X					
	FHLMC Remic Series 1136 O	X			7 27 91		X					

Reporting Individual's Name

GEORGE W. GEMAS

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Financial Disclosure A-4

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Reporting Individual's Name: George W. Gekas

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE ☑

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE ☑

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
George W. Gekas

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☑

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ N/A ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependant child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ N/A ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
[signature]	5/3/92

George W. Gekas
Financial Disclosure Statement-1991
Exhibit A

Part II Assets-
Prudential Securities-IRA

Member's spouse received a lump sum retirement payment which was rolled over into a self-directed IRA account with Prudential Securities. Assets related to the IRA account on December 31, 1991 were:

	Value
AIM EQUITY FUNDS, INC.- CHARTER FUND	$15,001-$50,000
FHLMC REMIC SERIES 1133 N	$15,001-$50,000
FHLMC REMIC SERIES 1136 O	$15,001-$50,000
PRUDENTIAL MONEYMART ASSET FUND	$201-$1000
CD LASALLE(EXCHANGE)NAT'L BANK BOOK	$15,001-$50,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 2 49

HAND DELIVERED

(9)

RICHARD A. GEPHARDT
(Full Name)

H-148 The Capitol
(Mailing Address) Telephone

Washington, DC 20515

Filer Status	X Member of the U.S. House of Representatives	State: Missouri District 03	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date.

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Northern Virginia Medical Association, P.C.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Richard A. Gephardt

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	U. S. Tobacco	Speech	June 18, 1991	$2,000.00

Reporting Individual's Name

Richard A. Gephardt

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000		
S, DC, JT — Examples: S — ABC Corporation Stock			X								X									X									X
Examples: — George Wash. Credit Union Accounts				X									X										X						
Examples: — 182 Main Street, Dover, Delaware					X							X									X								
JT — Dreyfus World Wide Dollar Fund		X									X								X	X									
JT — New Perspectives Fund			X								X			X					X	X									X
JT — Investment Co. of America				X							X			X						X	X								X
JT — Washington Mutual Fund				X							X			X						X	X								X
JT — Alan Weiss (2nd Mortgage)			X										X								X								

For additional assets and unearned income, use next page

1996

Reporting Individual's Name

Richard A. Gephardt

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Investment Co. of America		X		8-06-91		*					
JT	Washington Mutual Fund		X		8-06-91	*						
JT	Investment Co. of America		X		12-27-91	*						
JT	Washington Mutual Fund		X		12-27-91	*						
JT	Washington Mutual Fund		X		4-18-91	*						
JT	New Perspectives Fund	X			4-01-91	X						

*Indicates loss.

Reporting Individual's Name

Richard A. Gephardt

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Richard A. Gephardt

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED SCHEDULE				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII: REIMBURSEMENTS OF TRAVEL, LODGING AND FOOD

Source	Date(s)	Description	Gift
AFL-CIO	2/17 - 18	Roundtrip air transportation from Washington, DC to Miami, FL; one night lodging; self and spouse (speech and conference)	
Harvard Club	3/14	Roundtrip air transportation from Washington, D.C. to New York, NY; self (speech)	
COMPAC	3/25	Air transportation from Charlotte, NC to Houston, TX (factfinding tour)	
Wertheim Schroder & Co.	4/11	Roundtrip air transportation from Washington, DC to New York, NY; self (speech)	
Motorola	4/22	Air transportation from Albuquerque, NM to Austin, TX; self (factfinding tour and speech)	
Democratic Leadership Council	5/6	Air transportation from Cleveland, OH to Washington, DC; lodging; self (speech and conference)	
Cincinnati AFL-CIO	5/10	Air transportation from Detroit, MI to Cleveland, OH to Washington, DC; self (speech)	
Chicago Foreign Affairs Council - Ameritech	5/21	Roundtrip air transportation from Washington, DC to Chicago, IL; self (speech)	
Pipefitters Union	8/14 - 15	Air transportation from Kansas City, MO to Las Vegas, NV to Seattle, WA; one night lodging; self (speech)	

Source	Date(s)	Description	Gift
University of Hawaii	8/18 - 22	Air transportation from Washington, DC (spouse)/Seattle, WA (self) to Maui, Hawaii to Washington, DC; four nights lodging; self and spouse (speech and conference)	
Northwestern University	11/8 - 9	Air transportation from Washington, DC to Chicago, IL; one night lodging; self (speech)	
AFL-CIO	9/26 - 28	Air transportation from Washington, DC to Brownsville, TX; one night lodging; self (factfinding trip)	
Duke University	11-14 - 15	Roundtrip air transportation from Washington, DC to Raleigh, NC to Durham, NC; one night lodging; self (speech)	

Reporting Individual's Name
Richard A. Gephardt

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard A. Gephardt	May 14, 1992.

GPO 1991 50-287 (m)

HAND DELIVERED

RICHARD A. GEPHARDT
MISSOURI
MAJORITY LEADER

92 JUN -4 PM 12:

H-148 U.S. CAPITOL
(202) 225-0100

Congress of the United States
House of Representatives
Office of the Majority Leader
Washington, DC 20515-6502

June 3, 1992

1

The Honorable Louis Stokes
The Honorable James V. Hanson
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, D.C. 20515

Re: 1991 Financial Disclosure Statement

Dear Colleagues:

This is in response to your letter dated May 28, 1992, in which you seek additional information regarding my 1991 Financial Disclosure Statement. Please accept this letter as an amendment to that statement to provide the following information.

You asked for clarification of the lodging listed for a trip I took between September 26 and September 28, 1990. This should have been listed as two nights lodging rather than one. All other information regarding this trip is the same.

You also asked for clarification on the sale of my vacation home in Sea Colony, North Carolina during 1991. The fact of the sale had been mentioned in an amendment to my 1990 Financial Disclosure Statement. I did not disclose this sale on my 1991 report because it was my understanding that the sale of a personal residence, including a secondary residence or vacation home, did not need to be disclosed if the residence was not used for rental purposes. While in prior years I have rented my vacation home, and, therefore, disclosed it on my report, in 1991, the home was not rented, and we received no income from it.

For the record, however, the home was exchanged for a new vacation home in April 1991. The amount of the transaction was in Category E and we realized a gain on the exchange in Category VII.

If you have any additional questions or need additional information, please do not hesitate to contact me.

Sincerely,

Richard A. Gephardt

Richard A. Gephardt

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

28

PRESTON M. (PETE) GEREN III
(Full Name)

1730 Longworth House Office Building
(Mailing Address)

Washington, D. C. 20515

Telephone: 202/225-5071

Filer Status	[X] Member of the U.S. House of Representatives	State: TEXAS District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

MAY 16 1992

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [XXXX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

none **For payments to charity in lieu of honoraria, use next page**

1404

Reporting Individual's Name
PETE GEREN

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		SEE PAGES 7 THROUGH 21																												

For additional assets and unearned income, use next page

Reporting Individual's Name
PETE GEREN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	SEE PAGES 22 THROUGH 26											

Reporting Individual's Name

PETE GEREN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	SEE PAGE 27								

Reporting Individual's Name
PETE GEREN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE XXXX

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE XXXX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
PETE GEREN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
SEE PAGE 28	

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [XXXX]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct, Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1992

GPO: 1991 50-397 (m)

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	.03125 MI IN 5282.9 ACRES IN ISAAC BUTTON SURV & PARTS OF VAR SURV INCL J HUGHES & W MURPHY SURV JACK CO TX, COCA COLA LSE #16734, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C	X	VALUED AT THREE (3) TIME THE 1991 INCOME	ROYALTY INTEREST	V	
	1/3 INTEREST IN 4829 DEXTER, FORT WORTH, TEXAS	C			RENT	III	
	1100 TERRACE, FORT WORTH, TEXAS	C			RENT	V	
	1409 - 1411 FIFTH AVE., FORT WORTH, TEXAS	D			RENT	V	
	1413 - 1415 SEVENTH AVE., FORT WORTH, TEXAS	C			RENT	V	
	1421 - 1423 FIFTH AVE., FORT WORTH, TEXAS	D			RENT	V	
	1723 COLLEGE, FORT WORTH, TEXAS	C			RENT	V	
	27% INTEREST IN 5000 - 5004 BIRCHMAN, FORT WORTH, TEXAS	C			RENT	IV	
	3224 GORDON, FORT WORTH, TEXAS	C			RENT	V	
	3918 MODLIN, FORT WORTH, TEXAS	D			RENT	IV	
	ABBOTT LABS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C				NONE	X
	ADT LIMITED ADR, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	II	X
	ALABAMA STATE BOND DATED 4/15/83, 8.10%, MATURES 9/1/96, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E			INTEREST	V	

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	ALASKA STATE HOUSING FIN CORP 1ST BER NON MTG SINGLE FAM BOND, DATED 9/1/82, 10.5%, MATURES 12/1/91, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			INTEREST	II	X
	ALBERTSON INC, COM STOCK NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND CAPITAL GAIN	II VII	X
	AMERICAN EXPRESS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	I	X
	AMERICAN HOME PRODS CORP COMMON STOCK NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			DIVIDEND	III	
	AMERICAN INTL GROUP INC COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			DIVIDEND	II	
	AMERICAN PRESIDENT CO., LTD., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	I	X
	ANR CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE				NONE	X
	ANHEUSER BUSHCH COS., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	I	X
	APPLE COMPUTER, INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND CAPITAL GAIN	I VI	X
	ATASCOSA WHOLESALE NURSERY, INC., FORT WORTH, TEXAS	NONE			LIQUIDATION DISTRIBUTION	IV	X

$ DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	ATLANTIC RICHFIELD CO. COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	II	X
	AUTOMATIC DATA PROCESSING INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	I	
	BAKER HUGHES INTL COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE				NONE	X
$	BANK ONE IRA, DALLAS, TEXAS (CERTIFICATES OF DEPOSIT)	B			NA		
	BANKAMERICA CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE				NONE	X
	BOEING CO., COM STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	I	X
DC	BOWIE COUNTY, TEXAS, GENERAL OBLIGATION REFUNDING BOND, SERIES 1985, CAPITAL APPRECIATION BOND, MATURING 02/01/00	B			INTEREST	III	
	BRISTOL MYERS SQUIBB CO., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C				NONE	X
	BRITISH PETROLEUM PLC STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	IV	X
	BROWN-LUPTON, ROYALTY INTEREST, JACK COUNTY, TEXAS	B	X	VALUED AT THREE (3) TIME THE 1991 INCOME.	ROYALTY INTEREST	IV	

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
DC	BRYAN, TEXAS FULLY REGISTERED, MATURING 07/01/06, 6%	B			INTEREST	II	
DC	BRYAN, TEXAS, GENERAL OBLIGATION BOND, SERIES 1985, CAPITAL APPRECIATION BOND, MATURING 02/15/03	B			INTEREST	II	
	COASTAL CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	II	
					CAPITAL GAIN	V	X
	COCA COLA WAREHOUSE 12.5% INTEREST OWNED UNDIVIDED INTEREST IN 4920 NORTHWEST PARKWAY, FORT WORTH, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E			RENT	IV	
	COCA-COLA, ROYALTY INTEREST, JACK COUNTY, TEXAS	C	X	VALUED AT THREE (3) TIME THE 1991 INCOME.	ROYALTY INTEREST	V	
	COMPAQ COMPUTER CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			CAPITAL GAIN	V	X
	COMPUTER INPUT SERVICES STOCK	A				NONE	
	COMPUTER SCIENCE CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			CAPITAL GAIN	V	X
	CONNECTICUT STATE HOUSING FIN AUTHORITY BOND DATED 4/1/81, 9.5%, MATURES 4/1/93, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	IV	
	CORPUS CHRISTI, TEX, ISD 6.30%, MATURES 08/15/2001, BOND, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E				NONE	X

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	CRAY RESH INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C				NONE	X
	CSX CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	B			DIVIDEND	I	X
	D & W SPECIAL FUND - INTEREST IN BUSINESSES & PARTNERSHIPS, C/O DUDLEY & COMPANY, NEW YORK, NEW YORK	D	X	NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/91		NONE	
	DALLAS, TX, WATERWORKS AND SAN SWR SYS REV DATED 04/01/81, 9.50%, MATURES 04/01/1993, BOND, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	IV	
	DILLARD DEPT. STORES CL A, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	B				NONE	X
	DISNEY, WALT CO. COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			DIVIDEND	II	
	DIXON 1-6, WORKING INTEREST, COCHRAN COUNTY, TEXAS	C	X	VALUED AT THREE (3) TIMES THE 1991 INCOME	OIL & GAS WORKING INTEREST	V	
	DRECO ENERGY SERVICES LTD. SECURITIES LITIGATION SETTLEMENT FUND CLAIM NO. DRE-101996-1	NONE		STOCK WAS ORIGINALLY PURCHASED IN 1980 AND SOLD IN 1983.	CAPITAL GAINS	III	
	ESTACADO OIL & GAS CORPORATION STOCK, FORT WORTH, TEXAS	NONE			LIQUIDATION DISTRIBUTION	III	X
	ESTACADO PARTNERS, OIL & GAS EXPLORATION, PARTNERSHIP, FORT WORTH, TEXAS, 50%	NONE				NONE	X

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	ESTACADO PETROLEUM, INC. STOCK, FORT WORTH, TEXAS	G				NONE	
	FEDERAL HOME LOAN MORTGAGE, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	I	X
	FEDERAL NATIONAL MORTGAGE ASSOCIATION, COM STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			DIVIDEND	III	
	FORT WORTH CLUB - MAKER - NOTES RECEIVABLE	C	X	GREATEST VALUE DURING CALENDAR YEAR	INTEREST	III	
	FORT WORTH, TEX, AIRPORT IMPROVEMENT AUTHORITY INC., ARP IMPT REV AMERICAN AIRLNS PROJ DTD 12/01/82, 9.25%, 12/01/1992, BOND, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	IV	
	GENERAL ELECTRIC CO. COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			DIVIDEND	III	
	GENERAL MILLS INC. COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			DIVIDEND	III	
	GENERAL MOTORS CONTINGENT NOTES RG XX 0% 10/18/1991 - NOTES RECEIVABLE	NONE				NONE	X
	GENERAL MTRS CORP CL E, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	II	X
	GLAXO HOLDINGS PLC SPONSORED ADR, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	III	
					CAPITAL GAIN	VI	X

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	GREAT LAKES CHEM CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			CAPITAL GAIN DIVIDEND	IV I	X
	HAWKINS FIELD, ROYALTY INTEREST, WOOD COUNTY, TEXAS	B	X	VALUED AT THREE (3) TIME THE 1991 INCOME.	ROYALTY INTEREST	II	
	HEALTHSOUTH REHABILITATION CORPORATION	B				NONE	
	HENDERSON STREET JOINT VENTURE, APARTMENT COMPLEX AND LOTS, DOWNTOWN FORT WORTH, TEXAS - 41.1% INTEREST	NONE				NONE	
	HUB HILL #1, ROYALTY INTEREST, JACK COUNTY, TEXAS	B				NONE	
	ILLINOIS TOOLS WKS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	I	X
	INTERNATIONAL PAPER CO., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	II	X
DC	IRVING, TX, FLOOD CONTROL DISTRICT 3, ZERO COUPON MATURING 9/1/05	B			INTEREST	III	X
	JACKSONVILLE, FLORIDA, ELECTRIC AUTHORITY REVENUE, ST JOHNS RIVER POWER PK SYS BOND DATED 5/1/83, 8.5%, MATURES 10/1/96, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	V	X
	JAMES RIV CORP VA, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	I	X
	JESSIE PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 40% INTEREST IN PARTNERSHIP	D	X	NET BOOK VALUE OF INTEREST IN PARTNERSHIP AS OF 12/31/91.	PARTNERSHIP INCOME	VII	

$ DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	JOHNSON & JOHNSON COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E			DIVIDEND	III	
	JMP, INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE				NONE	X
	LAGNIAPPE OIL PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 23.5% INTEREST IN PARTNERSHIP	C	X	NET BOOK VALUE OF INTEREST IN PARTNERSHIP AS OF 12/31/91.	PARTNERSHIP INCOME	VII	
	LAYDEN "A", ROYALTY INTEREST, REEVES COUNTY, TEXAS	A	X	VALUED AT THREE (3) TIME THE 1991 INCOME.	ROYALTY INTEREST	I	
	LGS GODLEY RANCH STOCK, GODLEY, TEXAS	C				NONE	
	LGS-GODLEY RANCH CO. COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C				NONE	
	LIZ CLAIRBORNE INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	I	X
	LOUISIANA STATE BOND DATED 9/1/78, 5.2%, MATURES 9/1/96, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			INTEREST	IV	
	LUBRIZOL CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND CAPITAL GAIN	II V	X
	MADOOG, INC. - 1/3 INTEREST IN BUILDING AT 1222 WSW LOOP 323 IN TYLER, TEXAS, SINCE 2/91. FRANCHISEE OWNER UNTIL FEBRUARY, 1991 - 1/3 INTEREST.	A	X	NET BOOK VALUE OF INTEREST IN BUSINESS AS OF 12/31/91.		NONE	

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	MADDOG, INC. - MAKER - NOTES RECEIVABLE	E	X	GREATEST VALUE DURING THE CALENDAR YEAR		NONE	
	MANSFIELD JOINT VENTURE, 2 ACRES, TARRANT COUNTY, TEXAS, 7.89% INTEREST IN PARTNERSHIP	C	X	NET BOOK VALUE OF INTEREST IN PARTNERSHIP AS OF 12/31/91.		NONE	
	MAPLE-MELBORN JOINT VENTURE, 3700 MAPLE AVENUE, DALLAS, TEXAS, 12.50% IN PARTNERSHIP	B	X	NET BOOK VALUE OF INTEREST IN PARTNERSHIP AS OF 12/31/91.	PARTNERSHIP INCOME	II	
	MCM CORPORATION (HOLDING CO.) STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			CAPITAL GAIN	IV	X
	MID AMERICA RESOURCES INC.	NONE				NONE	X
	MILWAUKEE COUNTY, WISCONSIN, BOND DATED 3/1/79, 5/75%, MATURES 12/1/97, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			INTEREST CAPITAL GAIN	II VI	 X
	MINNESOTA MINING & MANUFACTURING CO. COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND CAPITAL GAIN	II V	 X
	MONSANTO CO., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	II	X
	MORTON INTL INC IND COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			CAPITAL GAIN	V	X
	MOTOROLA INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	I	X
	NATIONAL MED ENTERPRISES, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	II	X

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	NCNB INTERMEDIATE TAX EXEMPT FUND, COMMON TRUST FUNDS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	F			DIVIDEND	V	X
	NCNB INTERNATIONAL EQUITY FUND, COMMON TRUST FUNDS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	III	X
	NCNB LONG TERM TAX EXEMPT FUND, COMMON TRUST FUNDS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E			DIVIDEND	V	X
	NICOR INC. STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	II	X
	NORTH SLOPE BORO ALASKA BOND DATED 2/10/83, 9.5%, MATURES 2/10/95, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E			INTEREST	V	
	NORTH TEXAS MUNICIPAL WATER DISTRICT TEXAS WATERWORKS REVENUE BONDS, DATED 6/1/81, 10%, MATURES 9/1/95, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	IV	
	OREGON STATE VET WELFARE LXIII N/C BOND DATED 7/1/80, 7.5%, DUE 1/1/97, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	IV	
	ORYX ENERGY CO COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE				NONE	X
	OVERTON BANCSHARES, INC. STOCK	F				NONE	
	OVERTON PARK BANK MONEY MARKET CHECKING ACCOUNT	B			INTEREST	II	
S	OVERTON PARK BANK SAVINGS ACCOUNT	B			INTEREST	I	

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
DC	OVERTON PARK BANK SAVINGS ACCOUNTS	A			INTEREST	I	
	OWENSBORO KY ELECTRIC LIGHT AND POWER REVENUE BONDS, DATED 8/1/78, 6/3%, MATURES 1/1/95, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	IV	
	PAINE WEBBER GROUP INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C				NONE	X
	PALL CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	B			DIVIDEND	I	X
	PEPSICO INC COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	III	
					CAPITAL GAINS	VI	X
	PERSONAL REAL ESTATE FUND, COMMON TRUST FUNDS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	III	
	PETE GEREN FOR CONGRESS COMMITTEE - NOTES RECEIVABLE	F	X	GREATEST VALUE DURING CALENDAR YEAR		NONE	
DC	PHILADELPHIA, PA, MUNICIPAL AUTHORITY/SERVICE BUILDING LEASE RENTAL, MATURING 03/15/08, ZERO COUPON	B			INTEREST	III	

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	PHILIP MORRIS COS INC COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			DIVIDEND	III	
	PIONEER STOR & LOK, FORT WORTH LTD 12.5% INTEREST OWNED 8717 WEST FREEWAY, FORT WORTH, TEXAS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C				NONE	
	PRESTON M. GEREN III, A PROFESSIONAL CORPORATION	NONE			LIQUIDATION DISTRIBUTION	III	X
	PRUDENTIAL BACHE COMMAND MONEY FUND	A			DIVIDEND	II	X
	PRUDENTIAL BACHE IRA (PRUDENTIAL BACHE MONEYMART ASSETS)	A			NA		
	PRUDENTIAL BACHE IRA (PRUDENTIAL BACHE UTILITY FUND CLASS A)	C			NA		
	RAMON DELGADO - NOTES RECEIVABLE	C	X	GREATEST VALUE DURING THE CALENDAR YEAR	INTEREST	III	
	ROSS, ROYALTY INTEREST, UPTON COUNTY, TEXAS	B	X	VALUED AT THREE (3) TIME THE 1991 INCOME.	ROYALTY INTEREST	II	
	RT. 1 BOX 338, CHAPMAN CT., ALEDO, PARKER COUNTY, TEXAS, PLUS ADJOINING 30.76 ACRES	E			RENT	V	
	S.E.BUCKSHOT #1 PROSPECT, INVESTMENT IN OIL & GAS PROPERTY IN COCNRAN, TEXAS, 3% INTEREST	C	X	VALUED AT THREE (3) TIMES THE 1991 INCOME	OIL & GAS WORKING INTEREST	V	
	SAN ANTONIO TEXAS ELECTRIC & GAS REVENUE BONDS, DATED 2/1/79, 6%, MATURES 2/1/03, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	V	

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
--	SARASOTA COUNTY, FLORIDA, BOND DATED 9/1/90, 6.9%, MATURES 7/1/98, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E			INTEREST	V	
	SCHERING PLOUGH CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			DIVIDEND	III	
	SCHLUMBERGER LTD COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	II	
	SELF-SECURED MINI-STORAGE, GARLAND, TEXAS, WAREHOUSES	D	X	NET BOOK VALUE OF INTEREST IN BUSINESS AS OF 12/31/91.	PARTNERSHIP INCOME	IV	
	SEWELL "40" #1, OIL & GAS INTEREST, JACK COUNTY, TEXAS	A	X	VALUED AT THREE (3) TIME THE 1991 INCOME.	OIL & GAS WORKING INTEREST	II	
	SHEARSON TREASURY TRUST FUND - INVESTMENT CASH FUND AT TEAM BANK, FORT WORTH, TEXAS	NONE			INTEREST	II	
	SOFTWARE PUBLISHING CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE				NONE	X
	SOUTHWEST AIRLINES CO., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	I	X
	STRATUS COMPUTER INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C				NONE	X
	STUDENT LOAN MARKETING ASSN COM NON VTG STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			CAPITAL GAIN	VI	X

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	SUN TRUST BANK, INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			CAPITAL GAIN	II	X
	SUPERIOR, ROYALTY INTEREST, STANTON, TEXAS	A	X	VALUED AT THREE (3) TIME THE 1991 INCOME.	ROYALTY INTEREST	II	
	TANDY CORPORATION STOCK	B			DIVIDEND	I	
	TAX-FREE CASH RESERVE, INC., INSTITUTIONAL SERIES, CASH EQUIVALENTS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	G			INTEREST	VI	X
DC	TEXAS MUNICIPAL POWER AGENCY REVENUE, SERIES 20, MATURING 09/01/95, ZERO COUPON	B			INTEREST	I	
	TEXAS MUNICIPAL POWER REVENUE BONDS	B			INTEREST	II	
	TEXAS STATE BOND DATED 6/1/90, 6.6%, MATURES 10/1/97, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E			INTEREST	V	
	TEXAS UTILITIES STOCK	B			DIVIDEND	I	
	THERMO ELECTRON CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	B				NONE	X
	TOUCHSTONE MEDICAL SYSTEMS, INC. - MAKER - NOTES RECEIVABLE	F	X	GREATEST VALUE DURING THE CALENDAR YEAR		NONE	
	TOUCHSTONE MEDICAL SYSTEMS, INC. - MANAGEMENT OF PHYSICAL RESTORATION CENTERS - 8% INTEREST.	A	X	NET BOOK VALUE OF INTEREST IN BUSINESS AS OF 12/31/91.		NONE	
	TOYS R US COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			CAPITAL GAIN	VII	X

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUATION OF ASSET	ALTERNATIVE VALUATION METHOD	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C INCOME	CATEGORY OF AMOUNT OF INCOME	BLOCK D TRANSACTION
	TRAVIS COUNTY, TEXAS, BOND DATED 6/1/79, 5.5%, MATURES 7/1/97, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			INTEREST	III	
					CAPITAL GAIN	VI	X
	TROY, ALABAMA, INDL DEV BRD REV AKWELL INDS INC PROJECT BOND DATED 10/1/74, 8%, MATURES 10/1/94, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			INTEREST	IV	
					CAPITAL GAIN	II	X
	UNILEVER N V NEW YORK SHS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	NONE			DIVIDEND	III	
					CAPITAL GAIN	V	X
	UST INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	I	X
	WAL MART STORES INC COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	E			DIVIDEND	II	
	WARNER LAMBERT CO COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	C			DIVIDEND	III	
					CAPITAL GAIN	V	X
	WISCONSIN ST VET MTG REVENUE BOND DATED 5/1/80, 8.75%, MATURES 7/1/94, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	D			INTEREST	IV	

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	ABBOTT LABS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			10/23/91	C
	ADT LIMITED ADR, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			04/30/91	B
	ADT LIMITED ADR, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		VARIOUS	C
	ALASKA STATE HOUSING FIN CORP 1ST SER HOM MTG SINGLE FAM BOND, DATED 9/1/82, 10.5%, MATURES 12/1/91, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		06/03/91	B
	ALBERTSON INC, COM STOCK NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		02/15/91	D
	AMERICAN EXPRESS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		07/16/91	B
	AMERICAN EXPRESS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			04/17/91	C
	AMERICAN PRESIDENT CO., LTD., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	B
	AMR CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			6/20/91	B
	AMR CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		10/30/91	B
	ANHEUSER BUSHCH COS., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			11/06/91	C
	APPLE COMPUTER, INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		04/29/91	D
	ATASCOSA WHOLESALE NURSERY, INC.		X		04/18/91	B
	ATLANTIC RICHFIELD CO. COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		07/08/91	B
	BAKER HUGHES INTL COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		01/04/91	C
	BANKAMERICA CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		09/23/91	C
	BANKAMERICA CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			9/10/91	C
	BOEING CO., COM STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			01/24/91	B
	BOEING CO., COM STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		05/15/91	B
	BRISTOL MYERS SQUIBB CO., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			10/07/91	C
	BRITISH PETROLEUM PLC STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			08/16/91	A

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	COASTAL CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		VARIOUS	C
	COMPAQ COMPUTER CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		VARIOUS	C
	COMPUTER SCIENCE CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		08/06/91	D
	CORPUS CHRISTI, TEX, ISD 6.30%, MATURES 08/15/2001, BOND, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			08/22/91	D
	CRAY RESH INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	C
	CSX CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			08/06/91	B
	DILLARD DEPT. STORES CL A, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			11/14/91	B
	ESTACADO OIL & GAS CORPORATION, FORT WORTH, TEXAS		X		05/22/91	B
	ESTACADO PARTNERS, FORT WORTH, TEXAS		X		04/18/91	A
	FEDERAL HOME LOAN MORTGAGE, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			09/26/91	C
	GENERAL MOTORS CONTINGENT NOTES RG XX 0% 10/18/1991 - NOTES RECEIVABLE		X		10/18/91	A
	GENERAL MTRS CORP CL E, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	C
	GLAXO HOLDINGS PLC SPONSORED ADR, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		11/14/91	C
	GREAT LAKES CHEM CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	C
	GREAT LAKES CHEM CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES				10/22/91	C
	ILLINOIS TOOLS WKS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		12/23/91	B
	ILLINOIS TOOLS WKS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			10/18/91	B
	INTERNATIONAL PAPER CO., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			02/21/91	C
DC	IRVING, TX, FLOOD CONTROL DISTRICT 3, ZERO COUPSON MATURING 9/1/2005	X			03/21/91	B

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	JACKSONVILLE, FLORIDA, ELECYRIC AUTHORITY REVENUE, ST JOHNS RIVER POWER PK SYS BOND DATED 5/1/83, 8.5%, MATURES 10/1/96, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		10/01/91	B
	JAMES RIV CORP VA, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		10/21/91	B
	JAMES RIV CORP VA, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			09/03/91	B
	JMP, INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			03/06/91	C
	JMP, INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		05/29/91	C
	LIZ CLAIRBORNE INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		09/23/91	C
	LIZ CLAIRBORNE INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			08/07/91	C
	LUBRIZOL CORP COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		06/21/91	C
	MCN CORPORATION (HOLDING CO.) STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		01/11/91	C
	MID AMERICA RESOURCES INC.		X		10/10/91	A
	MILWAUKEE COUNTY, WISCONSIN, BOND DATED 3/1/79, 5/75%, MATURES 12/1/97, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		02/22/91	D
	MINNESOTA MINING & MANUFACTURING CO. COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		07/31/91	D
	MONSANTO CO., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	C
	MORTON INTL INC IND COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		02/22/91	D
	MOTOROLA INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			08/08/91	C
	NATIONAL MED ENTERPRISES, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	C
	NATIONAL MED ENTERPRISES, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		10/21/91	C
	NCNB INTERMEDIATE TAX EXEMPT FUND, COMMON TRUST FUNDS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	F
	NCNB INTERNATIONAL EQUITY FUND, COMMON TRUST FUNDS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		12/06/91	C

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	NCMB INTERNATIONAL EQUITY FUND, COMMON TRUST FUNDS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	B
	NCMB LONG TERM TAX EXEMPT FUND, COMMON TRUST FUNDS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	E
	NICOR INC. STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		02/15/91	C
	ORYX ENERGY CO COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		01/04/91	B
	PAINE WEBBER GROUP INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			10/16/91	C
	PALL CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			05/14/91	B
	PEPSICO INC COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		VARIOUS	D
	PRESTON W. GEREN III, A PROFESSIONAL CORPORATION		X		12/31/91	B
	PRUDENTIAL BACHE COMMAND MONEY FUND		X		VARIOUS	B
	SOFTWARE PUBLISHING CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			VARIOUS	C
	SOFTWARE PUBLISHING CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		04/17/91	C
	SOUTHWEST AIRLINES CO., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			10/18/91	C
	STRATUS COMPUTER INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			11/04/91	C
	STUDENT LOAN MARKETING ASSN COM NON VTG STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		01/22/91	D
	SUN TRUST BANKS, INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		11/25/91	C
	SUN TRUST BANKS, INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			09/26/91	C
	TAX-FREE CASH RESERVE, INC., INSTITUTIONAL SERIES, CASH EQUIVALENTS, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		VARIOUS	D
	THERMO ELECTRON CORP., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			09/18/91	B
	TOYS R US COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		VARIOUS	D

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	AMOUNT OF TRANSACTION
	TRAVIS COUNTY, TEXAS, BOND DATED 6/1/79, 5.5%, MATURES 7/1/97, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		02/22/91	C
	TROY, ALABAMA, INDL DEV BRD REV ACMELL INDS INC PROJECT BOND DATED 10/1/74, 8%, MATURES 10/1/94, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		10/01/91	B
	UNILEVER N V NEW YORK SHS, STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		10/10/91	D
	UST INC., STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES	X			09/03/91	B
	WARNER LAMBERT CO COMMON STOCK, NATIONS BANK, FORT WORTH, N.A.-TRUSTEE U/W OF SHIRLEY L. HOLMES		X		03/01/91	C

S DC JT	CREDITOR	TYPE LIABILITY	CATEGORY OF AMOUNT OF VALUE
	BANK ONE, N.A., FORT WORTH, TEXAS	MORTGAGE ON 5000 - 5004 BIRCHMAN, FORT WORTH, TEXAS	C
	BOBBY O'NEAL, JOSHUA, TEXAS	MORTGAGE ON 1723 COLLEGE AVENUE, FORT WORTH, TEXAS	A
	DR. WAI HONG YIP, SAN FRANCISCO, CALIFORNIA	MORTGAGE ON 3224 GORDON, FORT WORTH, TEXAS	C
	FOSTER MORTGAGE CORPORATION, FORT WORTH, TEXAS	MORTGAGES ON 1409/1411 FIFTH AVENUE, 1421/1423 FIFTH AVENUE, AND 1413/1415 SEVENTH AVENUE, FORT WORTH, TEXAS	E
	IRA BUTLER, JR., TRUSTEE, FORT WORTH, TEXAS	MORTGAGE ON 3918 MODLIN, FORT WORTH, TEXAS	C
	LOUISE RUSSELL, SHREVEPORT, LOUISIANA	MORTGAGE ON 1100 TERRACE, FORT WORTH, TEXAS	B
	MUTUAL SAVING & LOAN ASSOCIATION, WEATHERFORD, TEXAS, TRANSFERRED TO FOSTER MORTGAGE CORPORATION, FORT WORTH, TEXAS, EFFECTIVE 8/14/91	MORTGAGE ON RT. 1 BOX 338, ALEDO, TEXAS	C
	PETER SCHWARTZ, JOHN'S ISLAND, SOUTH CAROLINA	MORTGAGE ON 30.76 ACRES ADJOINING RT. 1, BOX 338, ALEDO, TEXAS	C
	TEAM BANK, FORT WORTH, TEXAS	BUSINESS LOAN	E
	WALLY CLOSMER, FORT WORTH, TEXAS	MORTGAGE ON 1723 COLLEGE AVENUE, FORT WORTH, TEXAS	C

POSITIONS	NAME OF ORGANIZATION
MANAGING PARTNER	4829 DEXTER JOINT VENTURE
MANAGING PARTNER	ESTACADO EXPLORATION 1982-1, LTD.
MANAGING PARTNER	JESSIE PARTNERS
MANAGING PARTNER	LAGNIAPPE OIL PARTNERS
MANAGING PARTNER	WILBUR PARTNERS
JOINT INTEREST OWNER	MEADOWMERE JOINT VENTURE (5000 - 5004 BIRCHMAN, FORT WORTH, TX)
PARTNER	D & W SPECIAL FUND
VICE-PRESIDENT & DIRECTOR	ESTACADO PETROLEUM, INC.
VICE-PRESIDENT/TREASURER	LGS-GODLEY RANCH CO., INC.
VICE-PRESIDENT/SECRETARY	MADDOG, INC
PARTNER	MAPLE-MELBORN JOINT VENTURE
PARTNER	SELF-SECURED MINI-STORAGE, GARLAND
PARTNER	MANSFIELD JOINT VENTURE
BOARD OF VISITORS	UNIVERSITY OF TEXAS LAW SCHOOL

HAND DELIVERED

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
VETERANS' AFFAIRS
SCIENCE, SPACE AND TECHNOLOGY
VICE CHAIRMAN
INVESTIGATIONS AND OVERSIGHT SUBCOMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515-4312

PETE GEREN
12TH DISTRICT, TEXAS

WASHINGTON OFFICE
730 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-9071

DISTRICT OFFICE
100 E. 15TH STREET
SUITE 500
FORT WORTH, TEXAS 76102
(817) 336-0809

92 JUN -5 PM 7:10

June 4, 1992

(1)

MC

The Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth Hse Ofc Bldg
Washington, D.C. 20515-0004

Dear Donn:

Please note the following amendments and clarifications to my Financial Disclosure Statement:

(1) Add to Parts II and III of 1991 Financial Disclosure Statement, Art and Antique Investments Valued for Insurance purposes in Category E with no income during 1991.

(2) Add to Parts II and III of 1990 Financial Disclosure Statement, Dallas, Texas Waterworks and Sanitary Sewer System Revenue Bonds dated 4-1-81, 9.50%, maturing 4-1-93 held by Nations Bank, Fort Worth, N.A. Trustee u/w/o Shirley L. Holmes, category of value D, yielding interest income with category of value IV and Fort Worth, Texas, Airport Improvement Authority, Inc., ARP IMPT Revenue American Airlines Project Bonds dated 12-1-82, 9.25%, maturity 12-1-92 held by Nations Bank, Fort Worth, N.A. Trustee u/w/o Shirley L. Holmes, category of value D, yielding interest income with category of value IV.

(3) Add to Part IV of 1991 Financial Discloure Statement the purchase of Federal National Mortagae Association, common stock by Nations Bank, Fort Worth, N.A., Trustee u/w/o Shirley L. Holmes on 1-4-91 with category of value C.

(4) International Stock Fund, common trust fund, NCNB Texas, Fort Worth, N.A., Trustee u/w/o Shirley L. Holmes on page 10 of 26 on the 1990 report has changed its name to NCNB International Equity Fund, common trust fund, Nations Bank, Fort Worth, N.A., Trustee u/w/o Shirley L. Holmes which is included on page 16 of 28 of the 1991 report.

Sincerely,

Pete Geren
Member of Congress

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
VETERANS' AFFAIRS
SCIENCE, SPACE AND TECHNOLOGY
VICE CHAIRMAN
INVESTIGATIONS AND OVERSIGHT SUBCOMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515-4312

PETE GEREN
12TH DISTRICT, TEXAS

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SUITE 500
FORT WORTH, TEXAS 76102
(817) 338-0909

June 12, 1992

HAND DELIVERED

92 JUN 12 PM 2 34

The Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth Hse Ofc Bldg
Washington, D.C. 20515-0004

(2) ✓ MC

Dear Donn:

In accordance with House rules, I hereby submit an amendment to Part VII -- "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT of my Financial Disclosure (FD) statement for calendar year 1991, which was originally filed on May 15, 1992.

Upon further review of my previously filed statement, I discovered that the proper disclosure of one fact-finding trip was inadvertently omitted from my original FD. Enclosed is an amended Part VII to disclose properly this previous omission.

This amended filing is submitted in accordance with the Memorandum of April 23, 1986 from the Committee on Standards of Official Conduct to all Members regarding amendments to Financial Disclosure Statements.

If you have any questions please do not hesitate to contact me or Scott Sudduth, my Administrative Assistant.

Sincerely,

Pete Geren

Pete Geren
Member of Congress

PG/ss
Enclosure

Reporting Individual's Name: PETE GEREN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fluor Corporation		3/13-16/91	Freedom Flight to Kuwait; roundtrip airfare from D.C. to Kuwait City, meals, lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

(7)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

MC

(Office Use Only)

Sam M. Gibbons
(Full Name)

2204 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Telephone 202/225-3376

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 7th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Florida	Legislative Pension	$2,078

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

1435

Reporting Individual's Name

Sam M. Gibbons

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Chemical Manufacturers Association, Washington, D.C.	Speech	April 11, 1991	$2,000
Manufacturers' Alliance for Productivity and Innovation, Washington, D.C. (Mtg. in Florida)	Speech	October 12, 1991	$ 700
Credit Lyonnais Washington Research Group, Washington, D.C.	Speech	October 24, 1991	$2,000

Reporting Individual's Name
Sam M. Gibbons

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)																	BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	Home - 2300 N. Gulf Blvd., Unit 2A, Belleair Beach, FL						X						X										X						
"	Stock - Florida Land Title, dba Stewart Title, Tampa, FL			X								X											X						
"	House of Representatives Fed. Credit Union Accounts, Washington, D.C.			X										X					X										

For additional assets and unearned income, use next page

Reporting Individual's Name
Sam M. Gibbons

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Sam M. Gibbons

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	*Citicorp Mortgage, Inc., Philadelphia, PA	Mortgage on 3705 Granada, Tampa, FL				X			
	*(Co-signed mortgage note with son)								

Reporting Individual's Name
Sam M. Gibbons

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name
Sam M. Gibbons

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director and Advisor	Battle of Normandy Foundation, non-profit, Washington, D.C.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	Receive small pension (reported under earned income) from the State of Florida because of	
	my ten years in the Florida State Legislature (1952-1962).	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Sam M. Gibbons	April 28, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

7

92 5 7 13 AM 10 56

HAND DELIVERED

Wayne T. Gilchrest
(Full Name)

Route 448, PO Box 84, Kennedyville, Md., 21645 — 410-348-2018
(Mailing Address) — Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Maryland District First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Movie King	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Wayne T. Gilchrest

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	$201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																												
S	Examples: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Peoples Bank of Kent County			X										X															
	Peoples Bank of Kent County		X											X															
	Federal Employees Credit Union		X											X															
	Certificate of Deposit			X										X															
	Certificate of Deposit			X										X															

For additional assets and unearned income, use next page

Reporting Individual's Name
Wayne T. Gilchrest

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name

Wayne T. Gilchrest

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Wayne T. Gilchrest

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash D.C. to Seattle, 3 days food & lodging, self and spouse	
Maryland Watermen's Association		2-9-91	Speaker at Trade Expo;ogernight lodging at Sheraton	
			Hotel in Ocean City, Md. provided	65
US Air		3-27-91	Attended meeting of local FAA in Salisbury, Md.;comp-	
			limentary air fare from Salisbury to National Air-	
			port provided.	50

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Wayne T. Gilchrest

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Eastern Shore Chapter of the		Speaker at annual meeting at the Carousel Hotel in	
Military Order of the Purple		Ocean City, Maryland. Overnight lodging for filer and	
Heart	6-8-91	family provided.	130
Baltimore Gas & Electric Co.	7-28-91	Five tickets to Orioles game provided	55
Mid-Atlantic Reading Assn.	11-8-91	Speaker at teachers' conference;overnight lodging at	
		Carousel Hotel in Ocean City, Md. provided.	65

Reporting Individual's Name
Wayne T. Gilchrest

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Wayne T. Gilchrest	May 12, 1992

GPO: 1991 50-267 (m)

WAYNE T. GILCHREST
1ST DISTRICT, MARYLAND

502 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2001
TELEPHONE (202) 225-5311

HAND DELIVERED

92 12

Congress of the United States
House of Representatives

COMMITTEE ON MERCHANT MARINE AND FISHERIES
SUBCOMMITTEE ON FISHERIES AND WILDLIFE CONSERVATION AND THE ENVIRONMENT
COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY
SUBCOMMITTEE ON ENERGY AND WATER RESOURCES
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

June 24, 1992

The Clerk of the U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

1 MC

Dear Sir:

In response to your request for additional and amended information for my financial disclosure Statement, I submit the following information:

1. The amount of interest on the listed accounts which my statement should have reflected are as follows:

a. People's Bank of Kent County (1): $ 39.15
b. People's Bank of Kent County (2): $ 64.15
c. Federal Employees Credit Union: not a member in 1991
d. Certificate of Deposit (1): $ 31.05
e. Certificate of Deposit (2): $ 31.05

2. The Certificates of Deposit are held with: People's Bank of Kent County, Chestertown, Maryland.

3. The location of Movie King is Chestertown, Maryland.

4. The listing under travel expenses to a speaking engagement in Ocean City Maryland with the Military Order of the Purple Heart was listed incorrectly. Instead of a $130 travel expense, the listing should have reflected a $65 travel expense for lodging, and a $65 gift for the lodging expense of my three children. I understand that this amount falls well below the limitation on such a gift.

These points should satisfy the request for additional information. If I could be of further assistance, please let me know.

Sincerely,

Wayne T. Gilchrest

Wayne T. Gilchrest
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 1 ... 7

HAND DELIVERED

(8)

MR

(Office Use Only)

Paul E. Gillmor
(Full Name)

2253 Sand Road
(Mailing Address)

202/225-6405
Telephone

Port Clinton, Ohio 43452

Filer Status	[X] Member of the U.S House of Representatives	State Ohio District 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

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NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Public Employees Retirement System of Ohio	Pension	$33,625
	Ohio State University	Spouse salary	NA
	Industrial Commission of Ohio	Spouse salary	NA

For payments to charity in lieu of honoraria, use next page

1450

Reporting Individual's Name
Paul E. Gillmor

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	Central Reserve Life					X								X								X										X
	Cooker Restaurants						X																									
	Matlock, Inc.						X																									
	Max & Erma's Restaurants					X																										
	Progressive Corp.					X								X								X										
	Price New Horizon Funds					X								X			X						X									

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Paul E. Gillmor

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Rollins Environmental Services						X					X									X							
	Rollins Truck Leasing							X				X			X									X				
	Templeton Emerging Markets			X								X									X							
	Twentieth Century Select					X						X			X								X					
	Bayshore Leasing			X																								
	Dealers Alliance Corp						X					X									X							
	Old Fort Banking Co.								X			X									X							
	Paul M. Gillmor Co						X					X								X								
	Republic Oil		X																									
	Solar Cells, Inc			X																								
	Thermocolor Corp			X																								
	FERS - Thrift Savings				X																							
	Merrill Lynch Municipal Income Trust Funds					X								X									X					
	Old Fort Bank - checking and savings			X										X							X							
	Old Fort Bank - I.R.A.				X									X								X						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul E. Gillmor

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Federal credit union - checking			X																									
	Charles Schwab-brokerage acc't				X									X							X								
	Merrilly Lynch brokerage acc't			X								X									X								
	Sunshine Ltd - partnership				X																								
	Part interest: 225 W. Third, Columbus, Ohio				X								X									X							
	Part interest: 148 Wilbur, Columbus, Ohio				X								X										X						
	Owned during part of 1991, but sold during year.																												
	Stein Roe Mutual Fund																												X
	Russ Togs																												X
S	AM International		X																										
S	American General			X								X									X								
S	Northwest Gas			X								X									X								
S	Southwest Gas			X								X									X								
J	Household Bank account			X										X						X									
S	First American Bank		X																	X									

[redacted] (Form A)

Financial Disclosure A-2(a)

Reporting Individual's Name
Paul E. Gillmor

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,000 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Stein Roe Mutual Fund	X			2/13/91	X						
	Stein Roe Mutual Fund		X		11/11/91	X						
	Rollins Truck Leasing		X		9/4/91		X					
	Rollins Truck Leasing		X		12/13/91	X						
	Russ Togs		X		12/17/91	X						
	Wendy's International		X		2/8/91		X					
	Central Reserve Life	X			5/13/91	X						

Reporting Individual's Name
Paul E. Gillmor

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Perpetual Federal, Urbana, Ohio	Mortgage on: 225 W. Third Columbus, Ohio	X						
	Perpetual Federal, Urbana, Ohio	Mortgage on: 148 Wilbur, Columbus, Ohio		X					

Reporting Individual's Name
Paul E. Gillmor

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash. D C to Seattle, 3 days food & lodging, self and spouse	
New York Congressional Tour		5/16-5/19 1991	Roundtrip train Washington to New York, 3 days food and lodging - self and spouse	
Jefferson Educational Foundation		3/23-4/2 1991	Roundtrip air Washington to South africa - 7 days food and lodging - self and spouse	
Congressional Institute		3/14-3/16 1991	Roundtrip air Washington to Princeton, 2 days food and lodging - self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name
Paul E. Gillmor

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization
Director	Dealers Alliance Corporation - unpaid
Director	Old Fort Banking - unpaid

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S C app 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S.C. app 6, §104 and 18 U S.C §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
X Paul E Gillmor	June 15, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] 20

(8)

HAND DELIVERED

MC

(Office Use Only)

1458

Paul E. Gillmor
(Full Name)

2253 Sand Road
(Mailing Address)

202-225-6405
Telephone

Port Clinton, Ohio 43452

Filer Status	[X] Member of the U.S. House of Representatives	State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date: ____

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Public Employees Retirement System of Ohio	Pension	$33,625
	Ohio State University	Spouse salary	NA
	Industrial Commission of Ohio	Spouse salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Paul E. Gillmor

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X										X						
		162 Main Street, Dover, Delaware					X							X									X								
	Central Reserve Life				X								X								X										X
	Cooker Restaurants					X														X											
	Matlock, Inc.					X														X											
	Max & Erma's Restaurants				X															X											
	Progressive Corp.				X								X								X										
	Price New Horizon Funds				X								X			X						X									

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul E. Gillmor

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Rollins Environmental Services					X						X										X							
Rollins Truck Leasing							X				X			X									X					
Templeton Emerging Markets			X								X										X							
Twentieth Century Select					X						X			X								X						
Bayshore Leasing			X															X										
Dealers Alliance Corp						X					X									X								
Old Fort Banking Co.								X			X										X							
Paul M. Gillmor Co						X					X								X									
Republic Oil		X																X										
Solar Cells, Inc			X															X										
Thermocolor Corp			X															X										
FERS - Thrift Savings				X																								
Merrill Lynch Municipal Income Trust Funds					X								X										X					
Old Fort Bank - checking and savings			X										X							X								
Old Fort Bank - I.R.A.				X									X								X							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Paul E. Gillmor

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Federal credit union - checking			X																X									
	Charles Schwab-brokerage acc't				X									X							X								
	Merrilly Lynch brokerage acc't			X								X									X								
	Sunshine Ltd - partnership				X														X										
	Part interest: 225 W. Third, Columbus, Ohio				X								X									X							
	Part interest: 148 Wilbur, Columbus, Ohio				X								X										X						
	Owned during part of 1991, but sold during year.																												
	Stein Roe Mutual Fund														X					X									X
	Russ Togs																												X
S	AM International		X																										
S	American General			X								X									X								
S	Northwest Gas			X								X									X								
S	Southwest Gas			X								X									X								
J	Household Bank account			X										X						X									
S	First American Bank		X																	X									

Reporting Individual's Name
Paul E. Gillmor

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is ranked out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Stein Roe Mutual Fund	X			2/13/91	X						
	Stein Roe Mutual Fund		X		11/11/91	X						
	Rollins Truck Leasing		X		9/4/91		X					
	Rollins Truck Leasing		X		12/13/91	X						
	Russ Togs		X		12/17/91	X						
	Wendy's International		X		2/8/91		X					
	Central Reserve Life	X			5/13/91	X						
	Bayshore Leasing	X			8/30/91	X						

Reporting Individual's Name
Paul E. Gillmor

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Perpetual Federal, Urbana, Ohio	Mortgage on: 225 W. Third Columbus, Ohio	X						
	Perpetual Federal, Urbana, Ohio	Mortgage on: 148 Wilbur, Columbus, Ohio		X					

Reporting Individual's Name
Paul E. Gillmor

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash. D.C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D.C. to Seattle, 3 days food & lodging, self and spouse	
New York Congressional Tour	5/16-5/19 1991	Roundtrip train Washington to New York, 3 days food and lodging - self and spouse	
Jefferson Educational Foundation	3/23-4/2 1991	Roundtrip air Washington to South africa - 7 days food and lodging - self and spouse	
Congressional Institute	3/14-3/16 1991	Roundtrip air Washington to Princeton, 2 days food and lodging - self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Paul E. Gillmor

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization
Director	Dealers Alliance Corporation - unpaid
Director	Old Fort Banking - unpaid

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
X Paul E. Gillmor	July 9, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

8

92 ... 13 PM 2 29

HAND DELIVERED

Benjamin A. Gilman
(Full Name)

2185 Rayburn HOB, Washington, DC 20515 — 202 225 3776
(Mailing Address) — Telephone

Filer Status	[x] Member of the U.S. House of Representatives	State: New York District: 22	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	New York State	Pension from previous employment	10,518

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Benjamin A. Gilman

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
National Assn. of Postmasters, Alexandria, Virginia	speech	2/21/91	$500
Postal Supervisors, Washington, DC	speech	3/11/92	$1,000
CNA Insurance, Rockville, Maryland	speech	4/6-7/91	$2,000
Mailers Council, Washington, DC	speech	5/1/91	$2,000
American Assn. of Vinters, Washington, dC	speech	6/11/91	$1,000

Reporting Individual's Name: Benjamin A. Gilman

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		162 Main Street, Dover, Delaware						X						X									X							
	Wright Patman Congressional FCU							X							X										X					
	16 Orchard Street, Middletown, NY 1/2 commercial/1/2 residential					X							X										X							
	East New York Bank, PO Box 15 Brooklyn, NY 11207		X												X							X								
	Goldome Bank, 465 Main Street, Buffalo, NY 14202		X												X							X								
	Manufacturers Hanover, 100 Duffy Ave. Hicksville, NY 11801				X										X							X								
	Poughkeepsie Savings Bank, Wallkill Plaza Branch, Middletown, NY							X							X										X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: Benjamin A. Gilman

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Middletown Savings Bank, 35 Matthews Street, Goshen, NY				x									x						x								
Key Bank, of New York, PO Box 567 Albany, NY	x												x							x							
Congressional Federal Credit Union Washington, DC (IRA account)				x						N/A																	
Mony Securities Corp, 260 Soundview ave. White Plains, NY (Keough Reireement Plan				x						N/A																	

Benjamin A. Gilman

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Benjamin A., Gilman

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

Date	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Benjamin A. Gilman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [x]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Example: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Example: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
CNA Insurance	Apr6-7,1991	roundtrip from Washington, DC to New Orleans, LA, lodging&food & ground transportation	
Jewish War Veterans	Aug 20-21 1991	roundtrip airfare from NY to Atlanta, 1 day lodging, food and ground transportation	
Congressional Institute	Mar 14-16 1991	transportation, meals, lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Benjamin A. Gilman

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Advisory Board Member	International Management & Development Institute
~~Member, Board of Directors~~	~~World Hunger Year~~
Member, Advisory Council	Lamont-Doherty Geological Observatory
~~Honorary, Board Member~~	~~Hudson-Delaware Council of Boy Scouts of America~~
Member, Advisory Board	National Service League

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [x] No [ ] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Benjamin A. Gilman	

GPO: 1991 O-297 (pa)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

11

92 MAY 14 PM 4:54

HAND DELIVERED

Congressman Newt Gingrich
(Full Name)

2438 Rayburn Building
(Mailing Address)

Washington, D. C. 20515

Telephone 225-0197

Filer Status	[X] Member of the U.S. House of Representatives	State GA District 6th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Newt Gingrich

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
American Spectator	Article	Feb.23, 1991	$100
American International Automobile Association	Speech	Feb. 8, 1991	$1500
National Association of Chemical Distributors	Speech	March 12, 1991	$1000
National Association of Manufacturers	Speech	March 13, 1991	$1000
CPQ Group	Speech	April 10, 1991	$195
Associated Specialty Contractors	Speech	April 23, 1991	$1000
National Venture Capital Association	Speech	April 25, 1991	$2000
American Farm Bureau Federation	Speech	April 29, 1991	$2000
Realtors	Speech	April 30, 1991	$1000
National Forest Products	Speech	May 7, 1991	$1000
American International Automobile	Speech	May 13, 1991	$2000
Savannah Foods	Speech	May 17, 1991	$2000
National Association of Accountants	Speech	May 20, 1991	$2000
American Iron & Steel Institute Employee Relations Board	Speech	May 21, 1991	$2000
Manufacturers' Alliance for Productively and Innovation	Speech	May 30, 1991	$750
National Association of Temporary Services	Speech	June 11, 1991	$1000
National Council of Chain Restaurants	Speech	June 13, 1991	$2000

PART IB - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Source	Activity	Date	Amount
Wholesale Grocers Assocation	Speech	July 30, 1991	$1000
Amway	Speech	Sept.20, 1991	$2000
National Housing Center	Speech	Sept.25, 1991	$2000
Flexible Packaging	Speech	Sept.26, 1991	$2000
Capital Forum	Speech	Nov. 18, 1991	$1000

Reporting Individual's Name

Cong. Newt Gingrich

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Year End Value (X): None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	1st American Bank (checking account)		X											X						X									
S	Bank One (checking account)			X										X						X									
	Wright Patman Credit Union			X										X						X									
	Merrill Lynch (SEP Plan)				X							X										X							
S	Merrill Lynch (money market)					X						X											X						
S	Merrill Lynch (SEP Plan)		X																X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Cong. Newt Gingrich

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	C & S Bank, Carrollton (IRA)			X										X							X								
	C & S Bank, Carrollton (IRA)			X										X								X							
	Carrollton Federal (IRA)			X										X							X								
	Treasury Strips Merrill Lynch (Sold)				X									X						X									

[redacted] (Form A)

Financial Disclosure A-2(a)

1478

Reporting Individual's Name

Cong. Newt Gingrich

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Treasury Strips ~~Merrill~~ Lynch		x		7-91		x					

Reporting Individual's Name
Cong. Newt Gingrich

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del.				X			

Reporting Individual's Name
Cong. Newt Gingrich

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
H. H. Stith, Jr.	2 neckties	$160.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE NEXT PAGE				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

SOURCE	DATE(s)	BRIEF DESCRIPTION (ITINERARY AND NATURE OF EXPENSES)
Public Broadcasting System	1/15/91	Air travel Atlanta, GA to New York, NY to Washington,D.C.
New Jersey Assembly Rep. Maj. 91	1/31/91	Round trip Air travel Washington,D.C. to Trenton, NJ
GOPAC	2/18-19/91	Air travel Atlanta, GA to Denver, CO to Washington, D.C., 2 days lodging and food, self & spouse
Williken Industries (mngt. mtg.)	2/22-23/92	Air Travel Washington,D.C. to Atlanta, 2 days lodging and food, self and spouse
Seminole Co.Republicans, FL	3/9-11/91	Air travel Atlanta, GA to Orlando, FL to Washington,D.C., 2 days lodging and food, self and spouse
Congressional Institute	3/14-16/91	Train travel Washington,D.C. to Princeton,NJ, 2 nights lodging & food, self and spouse
Hancock for Congress	4/5-6/91	Air travel Atlanta, GA to Springfield, MO, 1 night lodging & food
GOPAC	4/6/91	Air travel Springfield, MO to Kansas City, MO to Atlanta, GA, 1 night lodging & food
Indiana Republicans	4/11/91	Air travel Washington,D.C. to Indianapolis, IN
Wichita State University	4/11-12/91	Air travel Indianapolis, IN to Wichita, KS, 1 night lodging & food
Kyl for Congress	4/12-13/91	Air travel Wichita, KS to Phoenix, AZ, 1 night lodging & food
Craig for Senate	4/13-14/91	Air travel Phoenix, AZ to Boise, ID to Coeur D'Alene, ID, 1 night lodging & food
GOPAC	4/14-15/91	Air travel Coeur D'Alene, ID to Seattle, WS to San Diego,CA to Los Angeles, CA to Wash.,D.C., 1 night lodging & food
Connecticut Republicans	4/18/91	Air travel Washington,D.C. to Trumbull, CT to Youngstown, OH
Columbiana Co. Republicans	4/19-20/91	2 nights lodging and food, self and spouse
Middle Tennessee State Univ.	4/22/91	Air travel Youngstown, OH to Nashville,TN to Washington,D.C.
Southern Rep.Exchange	5/3-4/91	Round trip air travel Atlanta, GA to Jackson,MS, 1 night lodging & food
Business Round Table	5/9-10/91	Air travel Washington,D.C. to Hot Springs, VA, 1 night lodging and meals, self and spouse
Liberty College-Commencement Speech	5/10/91	Air travel Hot Springs, VA to Lynchburg, VA to Atlanta, GA, self and spouse
Savannah Foods (Speech)	5/17/91	Air travel Atlanta, GA to Savannah, GA
Nat. Assoc. of Accounts	5/19-20/91	Air travel Savannah, GA to New York, NY to Washington,D.C., 1 night lodging and food
National Review	5/23-25/91	Round trip air travel Washington,D.C. to Bermuda, 3 nights lodging and food, self and spouse
GOPAC	7/12-15/91	Air travel Cincinnati, OH; Bentonville, AR; Houston, TX; Chicago, IL; New York, NY; Wash., D.C., 3 nights lodging & food
Republican Party Wisconsin	7/23/91	Round trip air travel Washington,D.C. to Oconomowoc, WS
Douglas Campaign	8/4/91	Air travel Washington to Boston
Zeliff Campaign	8/6/91	Air travel Boston to Atlanta, GA
GOPAC	8/11-14/91	Round trip air travel Atlanta, GA to Crested Butte,CO, 3 nights lodging & food
U.S. Army	8/27-28/91	Air travel Atlanta, GA to Harrisburg, PA to Philadelphia, PA
Bunning for Cong.	8/28/91	Air travel Philadelphia, PA to Cincinnati,OH
Republican Party of KY	8/29/91	Air travel Louisville, KY to Atlanta, GA
GOPAC	9/13/91	Air travel Atlanta, GA to Los Angeles, CA
Orange Co Lincoln Rep.Party	9/13-14/91	Air travel Los Angeles, CA to Pittsburgh, PA, 1 night lodging
U.S.Navy (Naval War College)	9/15-16/91	Air travel Pittsburgh, PA to Providence, RI to Washington,D.C., 1 night lodging
Comm. for A Better America	9/17-18/91	Air travel Washington,D.C. to Boston, MA to Atlanta, GA, 1 night lodging
Amway Distributors	9/20/91	Air travel Atlanta, GA to Harrisburg, PA
Second Dist. Rep. of VA	9/21/91	Air travel Harrisburg, PA to Virginia Beach, VA to Atlanta, GA
Dauphin County Republicans	10/14/91	Air travel Atlanta, GA to Harrisburg, VA
Western States Conf. Rep.	10/17-21/91	Round trip Washington,D.C. to Maui, 3 nights food & lodging, self & spouse
Santorum for Cong.	11/1/91	Air travel Washington,D.C. to Pittsburgh, PA
Kasich for Congress	11/3/91	Air travel Pittsburgh, Pa to Washington, D. C.
National Broadcast Co.	12/1/91	Air travel Tampa, FL to Washington,D.C. to Atlanta, GA
Rhode Island Rep. Party	12/2-3/91	Round trip air travel Atlanta, GA to Providence,RI to Atlanta,GA, 1 night food & lodging
South Carolina Bus.& Ind. Political	12/12/91	Round trip air travel Atlanta, GA to Columbia, SC to Atlanta, GA
Gilchrest for Congress	12/17/91	Travel by car Washington,D.C. to Annapolis, MD to Washington,D.C.
Greensboro Chamber of Commerce	12/14-17/91	Air travel Atlanta, GA to Greensboro,NC to Washington, D.C., self and spouse (stayed with family)

Reporting Individual's Name
Newt Gingrich

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	GIR (X)

Reporting Individual's Name
Cong. Newt Gingrich

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [x]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Newt Gingrich	May 14, 1992

GPO: 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 4:07

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HAND DELIVERED

mc

(Office Use Only)

Daniel R. Glickman
(Full Name)

311 Rayburn House Office Building
(Mailing Address)

Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Kansas District Fourth	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives -- Congressional Arts Caucus	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Daniel R. Glickman

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(if necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
NONE				

Reporting Individual's Name

Daniel R. Glickman

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Glickman, Inc. (family-owned Subchapter-S Corporation)								X					X										X					
												X													X				
															X								X						
	J.M. Glickman Trust #1				X									X						X									
	(trust assets: working interests in oil and gas leases in various locations in Kansas										trust distribution	X								X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Daniel R. Glickman

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000 over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	
	Glickman Family Trust (trust assets: cash and real estate in the 600 block of South St. Francis Street in Wichita, KS)		X															none in 1991	X									
	Conoco Oil and Gas		X															oil royalty			X							
	American Discount Securities -- IRA		X												X					X								
S	Wright-Patman Federal Credit Union		X											X					X									
S	Wright-Patman Federal Credit Union — IRA		X																X									
JT	Kansas State Bank and Trust			X										X							X							
DC	Wright-Patman Federal Credit Union		X											X					X									
DC	Kansas State Bank and Trust		X											X						X								
DC	Madison National Bank		X											X						X								
DC	Amvestors Financial Inc.		X									X							X									
DC	Affiliated Funds Inc.		X									X							X									
DC	IBM Inc. Common Stock		X									X							X									
DC	Sears Roebuck and Company Common Stock		X									X								X								

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DANIEL P. GLICKMAN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	9405 Eagle Ridge Road, Bethesda, MD.	X													X							X							X

[redacted] (Form A)

Reporting Individual's Name

DANIEL R. GLICKMAN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Purchase of investment property at 9405 Eagle Ridge Road,		X		11/18/91	X						
	Bethesda, MD. Percent of ownership = .71%											

Reporting Individual's Name

Daniel R. Glickman

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
S	Kansas State Bank and Trust, Wichita, KS.	Personal Loan.		X					

Financial Disclosure A-4

Reporting Individual's Name
Daniel R. Glickman

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135
Mr. Charles Curry, Key Largo, FL	George Kingham Lithograph (received waiver from Committee on Standards)	value unknown but exceeds $200.00
American Airlines	Admirals Club Membership Renewal	$125.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash. D C to Seattle, 3 days food & lodging, self and spouse	
PLEASE SEE ATTACHMENT A			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Reporting Individual's Name
Daniel R. Glickman

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
PLEASE SEE ATTACHMENT B	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Daniel R. Glickman

DATE (Month, Day, Year): May 15, 1992

Attachment A, Page 1

Reporting Individual's Name

Daniel R. Glickman

PART VII -- "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

SOURCE	DATE	BRIEF DESCRIPTION
Recording Industry of America	Feb. 20-21, 1991	Roundtrip airfare Wash. D.C. to New York, food; self and spouse, to attend industry conference.
Commodity Exchange	March 15-16, 1991	Roundtrip airfare Wash. D.C. to Ft. Lauderdale, FL. food, lodging for self and spouse; speech to annual convention of Futures Industry Assoc. Spouse flew to FL. two days before and stayed extra days at own expense.
Glickman, Inc.	March 22-26, 1991	Roundtrip airfare Wash. D.C. to Las Vegas;food and lodging; self and spouse; for recycling industry association meeting.
Foundation Emmes, Inc.	July 21-22, 1991	Roundtrip airfare Wash. D.C. to New York, food and lodging for self; to attend and and participate in conference on United Nations.

AIPAC	Sept. 15, 1991	Airfare from Wichita, KS to San Francisco, CA. to Wash.D.C., self; speech.

Attachment B

Reporting Individual's Name

Daniel R. Glickman

PART VIII - POSITIONS	NAME OF ORGANIZATION
Director (unpaid)	Glickman, Inc.
Director (unpaid)	Kansas Arthritis Foundation
Director (unpaid)	Sedgwick Co. Mental Health Association
Director (unpaid)	Institute for Clinical Research
Director (ex officio)	Big Brother-Big Sisters of Wichita
Member	Kansas Institute for Peace and Conflict Resolution, Advisory Committee
Member	Congregation Emanu-El
Member	Albert Pike Masonic Lodge
Member	Distributive Education Clubs of America, Congressional Advisory Board
Member	Wichita Aeronautical Historical Association, Advisory Committee
Member	QUEST, Board of Advisors
Member	The Wichita State University College of Health Professions, Visiting Committee

UNITED STATES HOUSE OF REPRESENTATIVES ORIGINAL

FORM A

For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

HENRY B. GONZALEZ
(Full Name)

2413 RAYBURN BLDG 2253236
(Mailing Address) Telephone

WASH, D.C. 20515

Filer Status	✓ Member of the U.S. House of Representatives	State: TEXAS District: 20th	Officer or Employee	Employing Office
Report Type	✓ Annual (May 15)	Amendment	Termination	Termination Date

INSIDE MAIL

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ✓

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X							X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
	U.S HOUSE CRED. UNION							X							X									X					

For additional assets and unearned income, use next page

Reporting Individual's Name

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)

(Form A)

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Reporting Individual's Name

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	NONE											

1501

Reporting Individual's Name

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	NONE								

Reporting Individual's Name

PART VI – TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information see Instructions page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NONE			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
NONE	

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
	NONE	

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Henry B. Gonzalez	5/5/92

1505

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

92 14 PM 3 17

HAND DELIVERED

mc

(Office Use Only)

WILLIAM FRANKLIN GOODLING
(Full name)

R.D. 8
(Mailing Address)

YORK, PA 17403

Telephone: 717-428-1839

Filer Status: [X] Member of the U.S. House of Representatives — State PA, District 19th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Commonwealth of Pennsylvania Public School Employees Retirement System	Pension	5475
	York Suburban School District	Spouse Salary	N/A
	Christmas Tree Hill, Inc.	Spouse Salary	N/A
	Farm Joint Ventures	Feeding and Boarding Fees	5124
	Farm Joint Ventures	Spouse Feeding and Boarding Fees	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

William F. Goodling

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Codorus Church of the Brethren	Speech	11/5/91	20

Reporting Individual's Name

William F. Goodling

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		IRA Account Peoples Bank of Glen Rock			X										X						X									
JT		York Water Company Stock		X									X								X									
JT		AT&T Stock		X									X								X									
S		Corestates Financial Stock		X									X								X									
JT		Farm Land 22 Acres Jacobus Borough,	PA					X												X										X
JT		Farm Land 56 Acres Springfield Twp,	PA				X													X										X

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William F. Goodling

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Joint Ventures (See Schedule 1)				X												Business Income		X									

[redacted] (Form A)

Reporting Individual's Name

William F. Goodling

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	2 Offspring Sold by Joint Ventures		X		Various	X						
JT	Farm Land - 22 Acres Jacobus Borough, PA		X		5/24/91					X		
JT	Farm Land - 56 Acres Springfield Twp, PA	X			8/5/91				X			

Reporting Individual's Name

William F. Goodling

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	First Capitol Bank	Notes		X					
JT	York Bank & Trust Co.	Note		X					
JT	Congressional FCU	Notes		X					
JT	C. Harry Miller	Note Secured by Farm Land - Springfield Twp.			X				

Financial Disclosure A-4

Reporting Individual's Name: William F. Goodling

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Ross Engineering Corp.		Aug 7-18, 1991	Roundtrip air from Washington, DC to China-plus lodging, self and spouse	
The Congressional Institute		Mar 14-16, 1991	Princeton, NJ - meals & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: William F. Goodling

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William F. Goodling	5-14-92

GPO 1991 50-267 (m)

Schedule 1

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

WILLIAM F. GOODLING

Parts II and III - Assets and "Unearned" Income Thoroughbred Horse Ventures	Valuation of Asset
#1 1/2 interest in a joint venture owning a broodmare and her colt	4,000
#2 1/2 interest in a joint venture owning a broodmare, her filly and her weanling	5,000
#3 1/3 interest in a joint venture owning a broodmare, her weanling and a share of a stallion	4,833
#4 1/3 interest in a joint venture owning a share of a stallion	6,667
#5 Broodmare and her weanling	1,000
Total of all interests	21,500

(9)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Barton Jennings Gordon
(Full Name)

103 Cannon Building
(Mailing Address)

202-225-4231
Telephone

Washington, Dc 20515

Filer Status	[X] Member of the U.S. House of Representatives	State / District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

RECEIVED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [XX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1515

Reporting Individual's Name

Gordon, Barton J.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	Interstate Natural Gas Association of America	Speech	Jan. 30, 1991	$2000
	Fannie Mae	Speech	June 25, 1991	$2000

Reporting Individual's Name
Gordon, Barton J.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X										X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
304 A Street, SE, WDC Rental Unit								X							X											X						
Wright Patman Credit Union Accts.						X										X						X										
Third National Bank IRA (formerly Mid-South Bank in Murfreesboro, TN):																																
Automated Cash Management						X								X								X										
National Health Corp. Stock				X													X						X									X

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Gordon, Barton J.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
*Laurel Hills Limited Partnership		X										None							X										
*Maple Canyon Limited Partnership		X										None							X										X
*Woodgate Limited Partnership		X										None							X										X
*See Attachment Parts II, III and IV--Assets, "Unearned" Income and Transactions																													

(Form A)

Reporting Individual's Name
Gordon, Barton J.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	National Health Corp. Stock in IRA		X		06/14/91	X						
	(Proceeds placed in Automated Cash Management of IRA)											
	*Maple Canyon Limited Partnership		X									
	*Woodgate Limited Partnership		X									
	*See Attachment Parts II, III and IV--Assets, "Unearned" Income and Transactions											

Reporting Individual's Name
Gordon, Barton J.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	First City Bank, Murfreesboro, TN	Mortgage on rental unit--			X				
		304 A Street, SE WDC							

Reporting Individual's Name: Gordon, Barton J.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Keystone Center	Jan. 6-9	2 nights food and lodging (1 night at own expense)	
Oprah Winfrey Show	Mar. 9-10	Roundtrip airfare from DC to Chicago; 1 night	
		food and lodging	
Los Angeles Arts Caucus	Dec. 2-5	Roundtrip airfare from DC to LA; 3 nights food	
		and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Gordon, Barton J.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S.C. app 6, §104 and 18 U S C §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Barton J. Gordon	May 14, 1991

ETHICS IN GOVERNMENT ACT--FINANCIAL DISCLOSURE STATEMENT 1991

The Honorable Barton J. Gordon
Member of Congress
Sixth District
Tennessee

PARTS II, III, IV -- ASSETS, "UNEARNED" INCOME and TRANSACTIONS

The limited partnerships designated with astericks (*) are real estate investments which have had less than desirable results.

In checking with the investment company handling the properties, they indicated that the value and the income from Laurel Hills, Maple Canyon and Woodgate should be listed as zero.

Laurel Hills has been foreclosed upon, but the foreclosure process was delayed throughout 1991. It should be completed in 1992.

Woodgate was sold at a foreclosure sale on August 28, 1991. This partnership has now been terminated.

The Maple Canyon partnership was terminated in 1990 and the remaining properties (Rivermont Apartments) have also been disposed of.

There was no return to the partnerships from any of the transactions listed above.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 14 PM 4: 3 (19)

HAND DELIVERED

(Full Name)	PORTER J. GOSS
(Mailing Address)	3869 GULF DRIVE
Telephone	(813) 472-2234
(Mailing Address)	SANIBEL, FLORIDA 33957

Filer Status	XX Member of the U S House of Representatives	State FLORIDA District 13	Officer or Employee	Employing Office
Report Type	XX Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Community Bank of the Islands	Spouse - Director's fee	NA

For payments to charity in lieu of honoraria, use next page

PORTER J. GOSS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
NONE			

Reporting Individual's Name

PORTER J. GOSS

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples. S — ABC Corporation Stock				X								X									X									X
George Wash Credit Union Accounts					X									X									X							
182 Main Street, Dover, Delaware						X							X									X								
S — Berkshire Life Insurance Company			N/A															Annuity			X									
S — National Life of Vermont			N/A															Annuity				X								
Aetna Life Insurance			N/A									X		X								X								
S — Fishers Island Utility Co, New York (stock)					X							X									X									
S — Fishers Island, New York property								X					X											X						
ALL — Community Bank of the Islands, Florida (NOW accounts)					X									X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: PORTER J. GOSS

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Transaction (X)
	Notes from sale of Roller Tract partnership (sold 10/2/89) of undeveloped																	principal											
	property - Lee County, FL:																												
	1. Arzy			X										X				X						X					
	2. Block		X											X				X						X					
	3. Waitzkin		X											X				X				X							
	4. Thomas		X											X				X						X					
JT	Fishers Island Park, New York undeveloped real property						X												X										
JT	(stock) Fishers Island Development Co.		X																X										
	(Trustee NOW account) South Florida Bank, Florida		X											X						X									
	(Stock/note) Atlantic City Sun, N.J.			X															X										
S	(Stock) Community Bank of the Islands, FL			X														stock split	x										
JT	(Stock) South Florida Bank, FL		X																X										
JT	(NOW acct-formerly CT Bank & Trust) Fleet Bank, CT		X											X						X									
DC	(Certificate of deposit) Community Bank of the Islands, FL		X											X							X								X
JT	American Security Bank, DC	X																	X										
	Parts II and III continued on pages A-2 (b,c,d,e,f,g)																												

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S,DC	AMP Inc	C	Dividend	III	
S,DC	Abbott Laboratories	D	Dividend	III	
S,DC	Air Products & Chemicals	E	Dividend	III	
S	Albertsons Inc	C	Dividend	II	X
S	Allegheny Cnty Pa (B)	C	Interest	II	
S	Allegheny Cnty Pa (B)	D	Interest	IV	
S	Allentown PA DTD 3-15-84 (B)	C	Interest	III	
S	Allentown Sch Dist PA DTD 4-1-86 (B)	C	Interest	III	X
S	Altron Inc	B	Dividend	I	
S	Aluminum Company of America	C	Dividend	II	X
S	American Brands	C	Dividend	III	
S	American Home Products	F	Dividend	V	
1/8DC	American Home Products	B	Dividend	II	
S,1/8DC	American Information Technologies	NONE	Dividend	NONE	X
S,1/8DC	Ameritech Corp	E	Dividend	V	X
S	American Telephone & Telegraph	D	Dividend	III	X
S,1/8DC	Atlantic Richfield	E	Dividend	V	
DC	Automatic Data Processing Inc.	B	Div & Split	I	
	Avnet Inc	B	Dividend	I	
1/8DC	Avonworth Sch Dist Pa DTD 9-1-85 (B)	B	Interest	II	
S	BHC Communications Inc	C	Dividend	I	
DC	Becton Dickinson & Co	B	Dividend	II	
S,1/8DC	Bell Atlantic Corp	E	Dividend	V	
S	Bellsouth Corp	C	Dividend	III	
S	Berks Co PA DTD 3-15-88 (B)	C	Interest	III	
S	Bethel Pa Mun Auth Sch Bldg Rev (B)	B	Interest	II	
S	Boeing Co	C	Dividend	II	X
S	Boynton Beach Fla Rcrtn & Muni (B)	C	Interest	III	
S	Boynton Beach Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Brentwood Pa Sch Auth (B)	B	Interest	II	
S,DC	Bristol Myers Squibb Co	E	Dividend	IV	
S	Broward Cnty Fla Hsg Fin Auth (B)	C	Interest	IV	
DC	Browning Ferris Industries Inc	B	Dividend	I	
S	Burlington Northern Inc	D	Dividend	IV	
S	Burlington Resources Inc	E	Dividend	IV	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S	Butler Co Area Voc-Tech Sch Auth (B)	C	Interest	III	
S	CPC International Inc	E	Dividend	IV	X
S,1/8DC	CSX Corp	C	Dividend	II	
S	Capital Holding Corp	C	Dividend	II	X
S	Central Greene Sch Auth PA Sch (B)	B	Interest	II	
S	Chester Co Indust Devel Auth PA (B)	B	Interest	II	
S	Chevron Corp	C	Dividend	III	
S	Claftin Capital Subscription (Mass.)	C	Interest	II	
S	Coca Cola Co	F	Dividend	V	X
1/8DC	Cooper Tire & Rubber Co	B	Dividend	I	X
S,1/8DC	Corestates Financial Corp Pa	C	Dividend	III	X
DC	Corning Inc	C	Dividend	II	
S	Courtland Ala Indl Dev Brd Indl (B)	C	Interest	III	
S	D P L Inc	C	Dividend	III	
1/8DC	DF Gov't Securities Fund (Penn.)	C	Di,In,Gains	III	X
1/8DC	DF Income Stock Fund (Penn.)	C	Di,In,Gains	II	
1/8DC	DQE PA	B	Dividend	I	X
S	Dade Cnty Fla Hsg Fin Auth (B)	C	Interest	IV	
S	Dade Cnty Fla Spl Oblig Miami (B)	D	Interest	IV	
S,DC	Disney Walt Co	E	Dividend	II	
S	Dow Chemical Co	E	Dividend	V	X
DC	Downingtown Area Jt Elem Sch Auth (B)	C	Interest	II	
S	DuPont E I De Nemours & Co	D	Dividend	III	
1/8DC	DuPont E I De Nemours & Co	B	Dividend	II	
DC	Duke Power Co	B	Dividend	II	
S	Eastman Kodak Co	C	Dividend	III	
S	Echlin Inc	C	Dividend	III	
1/8DC	Eli Lilly and Co	B	Dividend	I	
S	Emerson Electric	D	Dividend	III	
S	Erie Pa City Sch Dist Ser 74 (B)	C	Interest	II	
1/8DC	Exxon Corp	B	Dividend	II	
S	FPL Group Inc	C	Dividend	IV	
S,1/8DC	Fed Natl Mtg Assn Inc.	C	Dividend	II	X
S	Federal Agency Notes-Bought/sold w/in 3 days	G	Interest	II	X
S	Florida Progress Corp	C	Dividend	III	
S	Florida St Brd Ed Cap Outlay Ser (B)	C	Interest	III	

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S	Florida St Pollution Ctl (B)	C	Interest	III	
S	General Electric	G	Dividend	V	
1/8DC	General Electric	B	Dividend	II	
	General Motors Corp	B	Dividend	II	
1/8DC	General Re Corp	B	Dividend	I	
S	Georgia Pacific Corp	C	Dividend	II	
S	Greater Orlando Aviation Auth (B)	D	Interest	IV	
ALL	Heinz H J Co	C	Dividend	III	
*1	Hewlett-Packard Co	B	Dividend	I	
1/8DC	I T T Corp	B	Dividend	I	
ALL	International Business Machine	G	Dividend	VI	
1/8DC	International Business Machine	B	Dividend	II	
S	Jacksonville Fla Elec Auth Rev (B)	C	Interest	III	
S,DC	Johnson & Johnson	C	Dividend	II	X
S	K Mart Corp	D	Dividend	IV	X
S	Keystone Oaks Pa Sch Auth Sch (B)	C	Interest	III	
S	Kissimmee Fla Elec & Wtr Rev (B)	C	Interest	III	
S	Lackawanna Cnty Pa New Pub Hsg (B)	C	Interest	III	
S	Lancaster Pa Pkg Auth Pkg Rev (B)	C	Interest	III	
	Lee Cnty Fla Sanibel (B)	B	Interest	II	
	Lee Cnty Fla Transn Facs (B)	B	Interest	II	
S	Leon & Polk Cntys Fla Hsg Fin (B)	B	Interest	II	
S	Lifeline Systems Inc	C	Div & Split	I	
S	Lower Makefield Pa Tax Free (B)	C	Interest	III	X
S	Lower Moreland Twp Auth (B)	C	Interest	III	
S	Lubrizol Corp	D	Dividend	III	
S	Manatee Cnty Fla Indl Dev Rev (B)	D	Interest	IV	
S	Margate Fla Wtr & Swr Impt (B)	D	Interest	IV	
S	Marion Cnty Fla Hosp Dist Rev (B)	D	Interest	IV	
S,1/8DC	May Department Stores	D	Dividend	III	X
S	McDonalds Corp	C	Dividend	II	
S	Mechanicsburg Pa Sch Dist Auth (B)	C	Interest	III	
1/8DC	Melville Corp	B	Dividend	I	
S	Merck & Co Inc	G	Dividend	V	
S	Miami Beach Fla South Pointe (B)	D	Interest	IV	
S	Miami Fla Var Purp (B)	C	Interest	III	

(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S	Millcreek Twp Pa Swr Auth Swr (B)	B	Interest	II	
S	Millipore Corp	C	Dividend	II	
S,DC	Minnesota Mining & Manufacturing	F	Dividend	V	
S	Montgomery Co Indust Dev Au Pa (B)	C	Interest	III	
S	Motorola Inc	C	Dividend	II	
S	Mount Lebanon Genl Obl Ser 77 PA (B)	B	Interest	II	
S	National Computer Systems Inc	B	Dividend	II	
S	Niceville Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Norfolk Southern Corp	D	Dividend	III	
S	Nynex Corp	B	Dividend	II	
S	Okaloosa Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Orange Cnty Fla Hsg Fin Auth (B)	B	Interest	II	
S	Orange Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Overriding Royalty In State Oil Leases, LA	E	Royalty	VIII	
S,DC	PNC Common Stock Fund	E	Dividend	V	
ALL	PNC Financial Corp	F	Dividend	VI	
S	PNC Long Term Municipal Fund	E	Dividend	V	
DC	PNC Personal Stif	C	Interest	III	
S	PPG Industries Inc	F	Dividend	V	
S	Pacific Telesis Group	B	Dividend	II	
S	Pasco Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
S	Penna Commonwealth DTD 9-1-76 (B)	C	Interest	III	
S	Penna Higher Educ Facils Auth (B)	C	Interest	III	
S	Penna Hous Finance Agency (B)	C	Interest	III	
S,DC	Penney J C Co Inc	C	Dividend	III	
S	Pennsylvania Hwy (B)	B	Interest	II	
S	Pennsylvania St (B)	C	Interest	III	
S	Pennsylvania St (B)	C	Interest	III	
S	Pennsylvania St Genl Obl (B)	C	Interest	III	
S	Pennsylvania St Pub Sch Bldg (B)	C	Interest	II	X
S,1/8DC	Pepsico Inc	D	Dividend	III	X
S,1/8DC	Philip Morris	E	Dividend	IV	X
S	Premark International Inc	B	Dividend	I	
S	Proctor & Gamble Co	D	Dividend	III	
S	Puerto Rico Housing Auth (B)	B	Interest	II	
S	Quakertown Pa Area Jt Sch Auth (B)	C	Interest	II	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S	Raytheon Co	C	Dividend	III	
S	Royal Dutch Pete Co	C	Dividend	III	
S	Salt River Proj Agric Impt & Pwr (B)	C	Interest	III	
S,1/8DC	Sara Lee Corp	C	Dividend	II	X
DC	Schlumberger Ltd	B	Dividend	I	
1/8DC	Schlumberger Ltd	B	Dividend	I	
S,1/8DC	Scott Paper Co	C	Dividend	II	
S	Sewickley Heights Trust	B	None	None	
1/8DC	Sherwin Williams Co	B	Div & Split	I	
S	Souderton Pa Area Jt Sch Auth (B)	C	Interest	III	
S	South Florida Wtr Mgmt Dist Spl (B)	D	Interest	IV	
S	Southwestern Bell Corp	B	Dividend	II	
*2	TRW Inc	C	Dividend	III	
S	Teledyne Inc	B	Dividend	I	
S	Time Warner Inc	E	Div & Split	VI	
S	Transamerica Corp	C	Dividend	II	
S	U S West Inc	D	Dividend	IV	
DC	Union Pacific Corp	B	Div & Split	II	
S	Unitrin Inc	B	Dividend	I	
S	Upper St Clair Twp Pa Sch Auth (B)	B	Interest	II	
S	Venture Stores	B	Interest	I	
S	Volusia Cnty Fl Sch Dist (B)	C	Interest	III	
S	Volusia Cnty Fla Hosp Rev (B)	D	Interest	IV	
S,DC	Wal-Mart Stores Inc	F	Dividend	III	X
S,DC	Waste Management Inc	E	Dividend	III	X
1/8DC	Waste Management Inc	B	Dividend	I	
S	West Goshen Sewer Auth Pa (B)	B	Interest	II	
S	Westinghouse Elec Corp	C	Dividend	IV	
S	Wilson Pa Jt Sch Auth (B)	C	Interest	II	
1/8DC	Woolworth Corp	B	Dividend	I	
S	Xyplex	B	None	None	X

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
S	Altoona City Auth Pa DTD 4-1-86 (B)	NONE	Int & Prin	VI	X
1/8DC	Borden Inc	NONE	Div & Prin	IV	X
1/8DC	Puerto Rico Govt Devel Bank Bd (B)	NONE	Int & Prin	IV	X
S	USA Treas NTS DTD 10-15-87 (B)	NONE	Int & Prin	VI	X
1/8DC	USA Treas NTS DTD 12-3-85 (B)	NONE	Int & Prin	IV	X
S	Wells Fargo & Co	NONE	Div & Prin	VI	X

*1 - Owned separately by dependent child and filer

*2 - Owned separately by spouse and filer

1/8DC - DC has 1/8 trust interest

PORTER J. GOSS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Please see page A-3 (a) & (b)											

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS.
S	Albertsons Inc	Purchase	4-26-91	C
S	Allentown Sch Dist PA DTD 4-1-86	Called	11-1-91	B
S	Altoona City Auth Pa DTD 4-1-86	Called	11-15-91	C
S	Aluminum Company of America	Purchase	4-26-91	C
S,1/8DC	American Information Technologies	Name Change (Old)	5-6-91	D
S,1/8DC	Ameritech Corp	Name Change (New)	5-6-91	D
S	American Telephone & Telegraph	Purchase	4-26, 7-12-91	C
S	Boeing Co	Purchase	7-12-91	C
1/8DC	Borden Inc	Sold	12-9-91	B
S	CPC International Inc	Purchase	4-26-91	C
S	Capital Holdings Corp	Purchase	7-12-91	C
S	Coca Cola Co	Purchase	4-26, 7-12-91	C
DC	Community Bank of the Islands CD	Rolled Over	3-91	B
1/8DC	Cooper Tire & Rubber Co	Purchase	12-9-91	B
S	Corestates Financial Corp	Purchase	7-12-91	C
1/8DC	DF Government Securities Fund	Purchase	7-22-91	B
1/8DC	DQE PA	Purchase	12-9-91	B
S	Dow Chemical Co	Sale	7-12-91	B
S	Federal Agency Notes	Purchase	12-27-91	F (Sold 1-2-92)
S	Fed Nat Mtg Assn Inc	Purchase	4-26-91	C
S	Johnson & Johnson	Purchase	4-26-91	C
S	K Mart Corp	Sale	7-12-91	C
S	Lower Makefield Pa Tax Free (B)	Called	7-1-91	B
1/8DC	May Dept Stores	Sold	7-1-91	B
S	Pennsylvania St Pub Sch Bldg (B)	Called	11-1-91	C
1/8DC	Pepsico Inc	Purchase	7-1-91	B
S	Phillip Morris Companies	Purchase	4-26-91	E
1/8DC	Puerto Rico Govt Devel Bank Bd (B)	Called	3-15-91	B
1/8DC	Sara Lee Corp	Sold	7-1-91	B
S	USA Treas NTS DTD 10-15-87	Called	9-30-91	C
1/8DC	USA Treas NTS DTD 12-3-85	Called	2-15-91	B
S	Wal-Mart Inc	Purchase	4-26-91	C
1/8DC	Waste Management Inc	Purchase	7-1-91	B
S	Wells Fargo & Co	Sale	7-12-91	C

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS.
S	Xyplex	Distributions from venture cap.limited partnership	10-2,12-2-91	B

1/8DC - DC has 1/8 trust interest

FILER DID NOT INITIATE, GUIDE OR DIRECT ANY OF THE DISCLOSED TRANSACTIONS.

Reporting Individual's Name

PORTER J. GOSS

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Mystic Marine Art Gallery, CT	Purchase of art	X						

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Reporting Individual's Name

PORTER J. GOSS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE XXX

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22.

NONE XXX

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: PORTER J. GOSS

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
PORTER J. GOSS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal; or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Director (unpaid)	Fishers Island Utility Company

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 13, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(13)

92 11 M

HAND DELIVERED

Ml (Office Use Only)

Willis David Gradison, Jr.
(Full Name)

1125 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515 — Telephone 202-225-3164

Filer Status	X Member of the U.S. House of Representatives	State Ohio District 2	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Public Employees Retirement System of Ohio	Pension	$2609
S	American Enterprise Institute	Salary	
S	Ameritrust	Bank Advisory fee	
S	Railtex	Directors fee	
S	RBC	Consulting fee	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Willis D. Gradison, Jr.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	filed separately			

Reporting Individual's Name
Gradison, Willis D.

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	Examples: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	American Cyanamid						X					X											X						
	Freeport McMoran							X				X												X					
	General Motors				X							X											X						X
	Gradison & Co., Inc.	X										X												X					X
	McDonald & Co., Investments									X		X												X					X
	Star Banc Corp.					X						X											X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Willis D. Gradison, Jr.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S. DC. JT																											
Cinti/Hamilton Cty. 4.6% 9/1/94				X									X					X									X
Cinti/Hamilton Cty. 4.6% 8/1/15					X								X					X									X
Nuveen Tax-free Reserves											X										X						
Pominex 1981-B Ltd. Part.		X								X							Partnership distribution			X							
Pominex 1983-B Ltd. Part.		X								X							Partnership Distribution				X						
Court Street Center Ltd. Part.			X							X							Partnership Distribution	X									
Gradison & Co. Retirement Savings Plan					X												none	X									
IRA:																											
Gradison Cash Reserves, Inc.			X								X									X							
U.S. Government Securities			X										X							X							
Keogh:																											
Gradison Cash Reserves, Inc.						X					X											X					
U.S. Government Securities				X									X								X						
Note: Partnership distributions based on latest estimates from Gradison & Co., Inc.																											

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Willis D. Gradison, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Becton Dickinson & Co.			X								X								X								
S	E.I. DuPont				X							X								X								
S	Eastman Kodak				X							X								X								
S	IBM				X							X									X							
S	Nordstrom, Inc.			X								X							X									
S	J. M. Smucker Co.				X							X								X								
S	Toys R Us, Inc.				X							X						X										
S	U.S. Shoe			X								X								X								
S	Xoma			X														X										
S	Nuveen Tax-free Reserves, Inc.											X								X								
S	Sears			X								X								X								X
S	Railtex, San Antonio, Texas				X							X						X										
S	Pominex 1981-B Ltd. Part.		X								X						Partnership Distribution		X									
S	IRA:																											
	Gradison Cash Reserves, Inc.			X								X								X								

[redacted] (Form A)

Financial Disclosure A-2(a)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Willis D. Gradison, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	U.S. Government Securities			X										X							X								
S	Amber Park Ltd. Part.		X								X							Partnership Distribution	X									
DC	A & W Brands, Inc.			X								X								X								X
DC	Bell South Corp.			X								X									X							
DC	Freeport McMoran, Inc,				X							X										X						
DC	Pacific Telesis Group			X								X									X							
DC	Southwestern Bell Corp.			X								X									X							
DC	U.S. Shoe Corp.			X								X									X							
DC	Russellville 7% 7/1/95			X										X							X							
DC	Texaco			X								X								X								X
DC	AT & T			X								X								X								X
DC	Gradison Cash Reserves, Inc.			X								X									X							
DC	CTF Accrual U.S. Treasury 11/15/95			X										X								X						

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Willis D. Gradison, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCERPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Eastman Kodak			X								X								X							
DC	PepsiCo			X								X							X								X
DC	Star Banc. Corp.			X								X							X								
DC	U.S. Shoe Corp.			X								X								X							
DC	Xoma Corp.			X								X						X									
DC	Gradison Cash Reserves, Inc.			X								X							X								
DC	Procter & Gamble				X							X								X							X
DC	Brunswick Corp.			X								X							X								
DC	Eastman Kodak			X								X							X								
DC	General Electric				X							X								X							
DC	Pier I Imports, Inc.			X								X							X								
DC	Star Banc. Corp.			X								X							X								
DC	T^2 Medical, Inc.			X								X						X									
DC	Unisys Corp.			X								X						X									
DC	Gradison Cash Reserves, Inc.			X								X								X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Willis D. Gradison, Jr.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
DC	Pacific Telesis Group				X							X									X								
DC	AT & T			X								X								X									X
DC	Texaco			X								X									X								X
DC	CATS 13 7/8 11/15/95				X									X								X							
DC	CATS 12 3/8 11/15/92			X										X								X							

Reporting Individual's Name
Willis D. Gradison, Jr.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	General Motors Common stock		X		3-14-91		X					
	General Motors Common stock		X		6-11-91		X					
	General Motors Common stock		X		8-7-91		X					
	General Motors Common stock		X		9-13-91		X					
	Gradison & Co., Inc., common, exchanged for McDonald & Co.,											
	Investments, Inc. -- distributions took place on 10/4 and 12/2/91			X								X
	Cinti/Hamilton Cty. 4/6% 8/1/15	X			12-3-91			X				
	Cinti/Hamilton Cty. 4/6% 9/1/94	X			12-3-91		X					
S	Sears Dividend Reinvestment Plan	X			various							
DC	A & W Brands, Inc., common stock	X			6-25-91	X						
DC	Texaco Dividend Reinvestment Plan	X			various							
DC	AT & T Dividend Reinvestment Plan	X			various							
DC	PepsiCo Dividend Reinvestment Plan	X			various							
DC	Procter & Gamble Dividend Reinvestment Plan	X			various							
DC	AT & T Dividend Reinvestment Plan	X			various							
DC	Texaco Dividend Reinvestment Plan	X			various							

Reporting Individual's Name
Willis D. Gradison, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Willis D. Gradison, Jr.

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash. D C to Chicago, and Lunch	
ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D.C. to Seattle, 3 days food & lodging, self and spouse	
see schedule attached			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342)

Gradison, Willis D., Jr.

Part VII

March 8, 1991	Midwest Business Group on Health, Chicago flights/meals for speech
March 14-15, 1991	The Congressional Institute, retreat at Princeton, NJ lodging, meals and transportation for participation
March 24-28, 1991	Electronic Industries Association, Captiva, Florida transportation, lodging, meals for self and spouse for participation
May 10-13, 1991	Blue Cross Blue Shield Funds Conference, Scottsdale, AZ transportation, lodging and meals for self and daughter for speech at conference
May 23-28, 1991	Columbia Institute trip to Romania and Czechoslovakia for trade mission; transportation, meals and lodging
Sept 30, 1991	American Hospital Association, Chicago, Illinois day-long seminar/participation in study of health care reform; flights and meals
Nov 7-12, 1991	American Enterprise Institute trip to Osaka, Japan re: economics and trade, participation in meetings, transportation, lodging and meals
December 2, 1991	Bradley, Woods and New England Medical Center two speeches in Boston, Massachusetts; transportation and meals

Reporting Individual's Name
Willis D. Gradison, Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership or other business enterprise, any nonprofit organization, any labor organization or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Director	Gradison & Co., Inc., 580 Building, Cincinnati, Ohio 45202
Trustee	The Gradison Foundation, Cincinnati, Ohio
Trustee	The Helen Steiner Rice Foundation, Cincinnati, Ohio

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) — Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Willis D. Gradison Jr.	May 10, 1992

GPO 1991 50-267 (m)

BILL GRADISON
2d District, Ohio

MARGARET TOTTEN
ADMINISTRATIVE ASSISTANT

COMMITTEES
WAYS AND MEANS
BUDGET

HAND DELIVERED

92 MAY 20 AM 9

1128 Longworth House Office Building
Washington, DC 20515-3502
Telephone (202) 225-3164

8010 Federal Office Building
850 Main Street
Cincinnati OH 45202
Telephone (513) 684-2456

Congress of the United States
House of Representatives
Washington, DC 20515-3502

May 20, 1992

MC

5

Office of the Clerk
House of Representatives
1036 Longworth HOB
Washington, D.C. 20515

To the Clerk of the House:

I am writing in response to the letter of May 15, 1992 from the Committee on Standards of Official Conduct with respect to my Financial Disclosure statement for calendar 1991. My response follows the checklist attached to that letter.

Part I (5) Listing of payments in lieu of honoraria is attached.

Part II (3) Nuveen tax-free reserves asset valuation Self-D

Nuveen tax-free reserves asset valuation Spouse-B

Part IV Sears, Texaco, AT & T, Pepsico and Procter & Gamble all were purchases made by re-investing dividends. In each case, the purchases for the entire year 1991 were under $1000. In each case these stocks were listed as holdings in 1990 and 1991 as required.

CTF Accrual U.S. Treasury 11/15/95, CATS 13 7/8 11/15/95 and CATS 12 3/8 11/15/92 were all listed in 1990 as U.S. Government Securities. In 1991 report, a more exact description is used. There were no transactions in 1991 in these securities.

Vestronix became worthless in 1991.

Gradison Government Income Fund (spouse IRA) for 1990 FD. The description "Gradison Cash Reserves, Inc." on the 1991 FD is incorrect. It should read "Gradison Government Income Fund." There was no sale or exchange.

Dependent child's USF & G on 1990 FD. Year-end 1991 value was less than $1000 and produced less than $200 of income in 1991.

Dependent children's U.S. Government Securities on 1990 FD (see above).

Part VII. March 8, 1991 - flights to and from Chicago from Washington, D.C. to make speech to Midwest Business Group on Health. Meals included.

March 14-15, 1991 - Train trip to The Congressional Institute meeting (Republican retreat in Princeton, New Jersey) from Washington, D.C. Lodging, meals included. Train from Washington, D.C. on March 14 and train from Princeton, N.J. to D.C. on March 15.

March 24, 1991 - Flight to Ft. Myers, Florida from Washington, D.C. for business meetings with Electronic Industries Association in Captiva, Florida. Lodging and meals for self and spouse for three nights and four days; return flight to DC on March 28.

May 10, 1991 - Flight from DC to Scottsdale, Arizona for speech to Blue Cross and Blue Shield Conference. Lodging, meals for self and daughter for two nights. Return flight on May 13, 1991.

May 23, 1991 - Flight from DC to Romania and Czechoslovakia for trade mission with The Columbia Institute. Transportation, meals and lodging included for five nights. Flight return to DC on May 28, 1991.

September 30, 1991 - Flights to and from Chicago for American Hospital Association day-long seminar on health care reform. Flights and meals included.

November 7, 1991 - Flight to Osaka, Japan for American Enterprise Institute meetings re: economics and trade. Transportation, meals and lodging for four nights and five days; return flight on November 12, 1991 to DC.

December 2, 1991 - Flights from DC to Boston and back for speech to Bradley, Woods & Co. and speech to New England Medical Center; transportation and meals provided.

Sincerely,

Willis D. Gradison, Jr.
Ohio - 2

May 20, 1992

Attachment

Willis D. Gradison, Jr.

1B

Payments in Lieu of Honoraria Made to Charity-1991

Source	Activity	Date	Amount
Price Waterhouse	speech	Jan 14	$2000
Brookings Institution	speech	Jan 15	400
Brookings	speech	Jan 17	400
National Health Lawyers	speech	Jan 17	2000
Ohio Society of Certified Public Accountants	speech	Jan 22	100
American Hospital Assn	speech	Jan 29	2000
Coleman/Bartlett's Washington Focus	speech	Feb 6	2000
Brookings	speech	Feb 6	400
Merck, Inc.	speech	Feb 22	2000
Group Health Assn of America	speech	Feb 25	2000
Midwest Business Group on Health	speech	March 8	2000
American Society of Consultant Pharmacists	speech	March 19	1000
Medtronic	speech	April 16	1000
Health Industry Distributors	speech	April 15	1000
Amer Academy of Orthopedic Surgeon	speech	April 18	2000
Blue Cross & Blue Shield	speech	May 13	2000
American Group Practice Assn	speech	April 11	2000
Deloitte & Touche	speech	April 25	500
Post Anesthesia Nurses	speech	April 15	150
Washington Campus	speech	May 21	600
Washington Campus	speech	April 30	600
Washington Campus	speech	May 7	600
Retail Tax Commission	speech	May 7	2000

Willis D. Gradison, Jr.

1B continued

National Chamber Foundation	speech	June 12	$ 500
Financial Guaranty	speech	June 20	2000
Washington Campus	speech	June 26	250
Blue Cross of Maryland	speech	June 18	2000
Atlantic Information Systems	speech	Sept 16	1000
Coleman-Bartlett Washington Focus	speech	Oct 2	2000
Washington Campus	speech	Sept 23	600
Washington Campus	speech	Oct 1	600
American Academy of Actuaries	speech	Sept 16	2000
American College of Radiation Oncology	speech	Oct 21	1000
Coleman-Bartlett Washington Focus	speech	Dec 4	2000
Bradley, Woods	speech	Dec 2	2000
Tobacco Institute	speech	Nov 5	2000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . 1 . . . 31

(9)

HON. FREDERICK L. GRANDY
(Full Name)

418 Cannon HOB, Washington, D.C. 20515 (Mailing Address) 202-225-5476 (Telephone)

HAND DELIVERED

Filer Status	[X] Member of the U S House of Representatives	State IA District 6th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	MTM Enterprises, Inc.	Earned prior to election to Congress. Not subject to earnings limitation.	$13.19
	Talent & Residuals		$202.50
	CPT Holdings, Inc.		$67.30
	BMI		$126.57
	Hillcrest Beverly Oil Corp.	oil & gas royalty held in suspense since 1988	$64.74
	Catherine Mann Productions, Inc. (spouse)		$3,100.00

For payments to charity in lieu of honoraria, use next page

1559

Reporting Individual's Name
Hon. Frederick L. Grandy

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
American Medical PAC, Atlanta, GA	Speech	1/26/91	$2,000
Crop Insurance Research Bureau, San Diego, CA	Speech	2/10/91	1,000
Capitol Forum, Washington, D.C.	Speech	2/21/91	500
National Association of Life Underwriters, Wash., D.C.	Speech	4/25/91	500
R. Duffy Wall, Washington, D.C.	Speech	5/15/91	2,000
Grocery Manufacturers of America, Greenbrier, W. VA	Panel member	6/17/91	1,000
CAP-12, Insurance Group, Washington, D.C.	Speech	6/26/91	500
Mutual of Omaha PAC, Omaha, NE	Speech	7/1/91	2,000
Securities Industry Association, Washington, D.C.	Speech	7/23/91	2,000
Washington Tax Seminar, Washington, D.C.	Speech	9/26/91	1,000
Benefits Expo, Washington, D.C.	Panel member	10/4/91	1,000
Washington Tax Associates, Washington, D.C.	Speech	10/15/91	1,000
Association of Machine Tool Distributors, Wash., D.C.	Speech	10/22/91	500

Reporting Individual's Name
Hon. Frederick L. Grandy

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S — ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X								X							
JT	Congressional Federal Credit Union				X									X							X							
JT	Trust Savings FSB (Springfield, VA)				X									X									X					
JT	Perpetual Savings Bank				X									X							X							
JT	Meritor Savings Bank				X									X							X							
JT	Franklin Income Fund			X														X										
DC	Trust Bank (Monica Mann Grandy)			X										X							X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Hon. Frederick L. Grandy

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
JT	State of CA (refund)																			X								
DC	Congressional Federal C.U. Monica Mann Grandy			X										X						X								
DC	Marya Gwin Grandy (s.t. trust)				X											X												
DC	Charles Brendan Grandy (s.t. trust)						X									X												
S	Catherine Mann Productions						X																					
	Individual Retirement Account								X																			
JT	Minneapolis Hotel Partners						X						X								X							
JT	Biogen Products				X														X									
S	Catherine Mann Productions, Inc.			X											X						X							

[redacted] (Form A)

Reporting Individual's Name

Hon. Frederick L. Grandy

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - over
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Hon. Frederick L. Grandy

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Biogen Medical Products	Limited Partnership		X					

Financial Disclosure A-4

Reporting Individual's Name
Hon. Frederick L. Grandy

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
American Medical PAC	1/6/91 to 1/27/91	Round trip air travel from Wash., D.C. to Atlanta. Overnight lodging and meals.	
Crop Insurance Research Bureau	2/10/91 to 2/11/91	Air travel from Wash., D.C. to San Diego - San Diego to IA Overnight lodging and meals.	
Oklahoma GOP	2/15/91 to 2/16/91	Air travel from Wash., D.C. to Oklahoma City - Ok. City to IA Overnight lodging and mals.	
Des Moines Jewish Community	3/3/91 to 3/4/91	Air travel from IA to Wash., D.C. Overnight lodging and meals.	
Cong. Bill Emerson	3/23/91 to 3/24/91	Round trip air travel from IA to St. Louis. Overnight lodging and meals.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. Frederick L. Grandy

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Congressional Institute - Princeton, N.J. Member and spouse	3/14/91 to 3/16/91	Round trip train transport. for Member & spouse- Wash., D.C. - Princeton, N.J. Overnight lodging and meals.	
Aspen Institute - South Africa trip for Member and spouse	3/30/91 to 4/7/91	Round trip air travel from Wash., D.C. to So. Africa (military CODEL) Lodging & meals for Member and spouse.	
Cong. Dick Schulze	5/2/91	Air travel from Wash., D.C. to Pottstown, PA to Boston	
West VA GOP	6/13/91	Round trip air travel from Wash., D.C. to Morgantown, W. VA	
Grocery Manufacturers of America	6/15/91 to 6/17/91	Round trip air travel from Wash., D.C. to Greenbrier, W.VA for Member & spouse. Overnight lodging and meals.	
Comg. Scott Klug	6/22/91 to 6/23/91	Air travel from IA to Madison, WI - Madison to Wash., D.C. Overnight lodging and meals.	
Ulster Co., NY (GOP)	11/13/91	Round trip air travel and limousine transportation from Wash., D.C. to Bedford Hills, NY	
Cong. Tom Coleman	11/15/91 to 11/16/91	Air travel from Wash., D.C. to Kansas City, Mo. Air travel from K.C. to IA. Overnight lodging and meals.	

Reporting Individual's Name: Hon. Frederick L. Grandy

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Board of Directors	Briar Cliff College
Limited Partner	Biogen Medical Products
Limited Partner	Minneapolis Hotel Partners

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/15/92

FRED GRANDY
6TH DISTRICT IOWA

COMMITTEES

WAYS AND MEANS

STANDARDS OF
OFFICIAL CONDUCT

REPLY TO:
416 CANNON BUILDING
WASHINGTON, DC 20515-1506
(202) 225-6476

IOWA DISTRICT OFFICES
4501 SOUTHERN HILLS DR
SUITE #21
SIOUX CITY, IA 51106
(712) 276-5800
14 NORTH DELAWARE
MASON CITY, IA 50401
(515) 424-0233
14 WEST 5TH STREET
SPENCER, IA 51301
(712) 262-6480

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HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515-1506

(4)

June 1, 1992

The Honorable Donnald K. Anderson
Clerk of the House
H-105, U.S. Capitol
Washington, D.C. 20515

MC

Dear Mr. Anderson:

I am furnishing the following information in order to amend my Financial Disclosure Statement For Calendar Year 1992:

Page 4: Parts II and III - Assets and "Unearned" Income:

Block A	Block C - Amount of Income:
Marya Gwin Grandy	$2,501 - $5,000
Charles Brendan Grandy	5,001 - 15,000
Catherine Mann Productions should read: Piper Jaffray as Custodian FBO Catherine Mann Minneapolis, MN	Type of Interest: Dividends, Interest, Capital Gains $15,001 - 50,000
Individual Retirement Acct. should read: Piper Jaffray as Custodian FBO Frederick L. Grandy (Minneapolis, MN)	Type of Interest: Dividends, Capital Gains $15,001 - 50,000

Catherine Mann Productions, Inc.
(This refers to liquidation of assets remaining in spouse's personal service corporation-held 4/1/82 to 3/31/91)

Page 7: Part VII - "Reimbursements" and Gifts of Transportation, Lodging, Meals, Entertainment:

Dates of travel to Atlanta for the American Medical PAC should

read: 1/26/92 to 1/27/92.

Thank you for your assistance and if you have further questions please contact my administrative assistant, Craig Tufty, at X55476.

Sincerely,

Fred

FRED GRANDY
MEMBER OF CONGRESS

FG/ns

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hon. Frederick L. Grandy

BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	S, DC, JT	BLOCK B Valuation of Asset: Year End Value (X) — A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
State of CA (refund)	JT																			X									
Congressional Federal C.U. Monica Mann Grandy	DC			X										X						X									
Marya Gwin Grandy (s.t. trust)	DC				X											X						X							
Charles Brendan Grandy (s.t. trust)	DC						X									X							X						
Piper Jaffray as custodian FBO Catherine Mann (Minneapolis, MN)	S						X					X		X	X									X					
Piper Jaffray as custodian FBO Frederick L. Grandy (Minneapolis, MN)									X			X			X									X					
Minneapolis Hotel Partners	JT						X						X							X									
Biogen Products	JT				X														X										
Catherine Mann Productions, Inc.	S			X											X					X									
(Liquidation of remaining assets of company)																													

(Form A)

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Reporting Individual's Name
Hon. Frederick L. Grandy

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

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Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical PAC	1/26/91 to 1/27/91	Round trip air travel from Wash., D.C. to Atlanta. Overnight lodging and meals.	
Crop Insurance Research Bureau	2/10/91 to 2/11/91	Air travel from Wash., D.C. to San Diego - San Diego to IA Overnight lodging and meals.	
Oklahoma GOP	2/15/91 to 2/16/91	Air travel from Wash., D.C. to Oklahoma City - Ok. City to IA Overnight lodging and mals.	
Des Moines Jewish Community	3/3/91 to 3/4/91	Air travel from IA to Wash., D.C. Overnight lodging and meals.	
Cong. Bill Emerson	3/23/91 to 3/24/91	Round trip air travel from IA to St. Louis. Overnight lodging and meals.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

FRED GRANDY
6TH DISTRICT IOWA

COMMITTEES

WAYS AND MEANS

STANDARDS OF
OFFICIAL CONDUCT

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JUN 23 AM 12 23

REPLY TO
418 CANNON BUILDING
WASHINGTON, DC 20515-1506
(202) 225-5476

IOWA DISTRICT OFFICES
4501 SOUTHERN HILLS DR
SUITE #21
SIOUX CITY, IA 51106
(712) 276-5800
211 NORTH DELAWARE
MASON CITY, IA 50401
(515) 424-0233
14 WEST 5TH STREET
SPENCER, IA 51301
(712) 262-6480

Congress of the United States
House of Representatives
Washington, DC 20515-1506

June 23, 1992

3

MC

The Honorable Donnald K. Anderson
Clerk of the House
H-105, U.S. Capitol
Washington, D.C. 20515

Dear Mr. Anderson:

I am furnishing the following information in order to amend my Financial Disclosure Statement For Calendar Year 1991.

Thank you for your assistance and if you have further questions please contact my administrative assistant, Craig Tufty, at X55476.

Sincerely,

Fred

FRED GRANDY
MEMBER OF CONGRESS

FG/ns

June 23, 1992

Parts II and III - Assets and "Unearned" Income

Block A - Marya Gwin Grandy - Short Term Trust

Block B - Valuation of Asset
Investment instruments are the following:
TIGR Series 18
Zero% Aug 15 1992
Value - C

Merrill Lynch CMA Money Fund
Value - B

Block C - Amount of Income: $2,501 - $5,000

Block A - Charles Brendan Grandy - Short Term Trust

Block B - Valuation of Assset
Investment instruments are the following:
TIGR Series 18
Zero % Aug 15 1992
Value - C

TIGR Series 18
Zero% Aug 15 1993
Value - C

TIGR Series 2
Zero% May 15 1994
Value - C

TIGR Series 18
Zero% Feb 15 1995
Value - C

Merrill Lynch CMA Money Fund
Value - B

Block C - Amount of Income: $5,001 - $15,000

Block A - Catherine Mann Productions should read:
Piper Jaffray as Custodian FBO Catherine Mann
Minneapolis, MN

Block B - Valuation of Asset
Investment instruments are the following:

MONEY MARKET FUNDS
Piper Jaffary - M.M.P

Value - B

U.S. OBLIGATION

Treas Rcpt Off 13.25/2014
Rate 0.000 Maturity 05/15/00
Value - C

Certs Accrual Tres Ser S Cpn
Rate 0.000 Maturity 08/15/00
Value - B

MUTUAL FUND

Franklin Income Fund
Value - C

CORPORATE BONDS

RJR Nabisco 0% to 94 then 5%
Rate 0.000 Mautrity 05/15/01
Value _ B

Smith Barney SER 6-B CMO
Rate 9.000 Maturity 06/01/13
Value - B

FHLMC SER 9 CL 9-D
Rate 9,250 Maturity 07/15/15
Value - B

SMB 3-C CMO
Rate 9.150 Maturity 05/01/17
Value - C

Smith Barney CMO TR VII CL 1-C
Rate 9.450 Maturity 09/01/17
Value - B

Premier Accept Corp Ser 22
Rate 9.000 Maturity 07/01/20
Value - B

Ryland ACCEP CP III SER SSS BE
Rate 8.5000 Maturity 09/01/21
Value - B

3,000 Gateway Mfg Accept Corp 91-1
Rate 8.000 Maturity 11/30/22
Value - B

COMMON STOCK

ACM Govt Sopectrum FO Inc.
Value - C

Amern Adj Rate TRM TR-1996
Value - B

American Capital Inc TR S81

Value - D

FINANCIAL

Healthvest SB1
Value - B

Block B - Type of Income: Dividends, Interest, Capital Gains

Block C -Amount of Income: $15,001- $50,000

Block A - Individual Retirement Acct. should read: Piper Jaffray as Custodian FBO Frederick L. Grandy (Minneapolis, MN)

Block B - Valuation of Assets:
Investment are the following:

MARKET FUNDS
Piper Jaffray - M.M.P.
Value - B

MUTUAL FUND
Amer FDS American Mutual Fund
Value - E

Franklin Income Fund
Value - E

AMER FDS NEW PERSPECTIVE FUND
VALUE - E

CORPORATE BONDS

Premier Accept Corp Ser 24
Rate 8.800 Maturity 09/01/20
Value - B

Premier Accept Corp Ser 25
Rate 9.000 Maturity 11/01/20
Value - C

Ryland Accep CP III Ser SSS BE
Rate 8.500 Maturity 09.01.21
Value - B

Gateway Mfg Accept Corp 91-I
Rate 8.000 Maturity 11/30/22
Value - B

COMMON STOCK

Amer Adj Rate Term TR-1995
Value - E

Amer Adj Rate Trm TR-1996
Value - B

Block B - Type of Interest: Dividends, Capital Gains

Block C - Amount of Income: $15,001 - $50,000

Block A - Catherine Mann Productions, Inc.
(This refers to liquidation of assets remaining in spouse's personal service corporation-held 4/1/82 to 3/31/91).

Addition to Parts II and III -

Block - A (JT) Account opened 12/19/91: Nuveen Premier Insured Municipal Income Fund.

Block B - Valuation of Asset - (B)
Type of Income - Dividend
Amount of Income - I

ADDITIONS TO PART IV - TRANSACTIONS

For (Spouse) Piper Jaffray as Custodian FBO Catherine Mann:

Gateway Mfg Accept Corp, purchased 9/5/91, Amount - B
Ryland Accept CP III, purchased 11/20/91, Amount - B
Amer Adj Rate Term Trust 1992, purchased 5/22/91, Amount -B
Franklin Income Fund, purchased 3/20/91, Amount - B

For Piper Jaffray as Custodian FBO Frederick L. Grandy:

Franklin Income Fund, purchased 3/20/91, Amount - B
Amer Adjustable Rate Term Trust 1996, purchased 5/22/91, Amount - B
Gateway Mfg Accept Corp, purchased 9/5/91, Amount - B
Ryland Accept CP III,purchased 11/20/91, Amount - B

CORRECTIONS TO PART VII - REIMBURSEMENTS AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT:

Dates of travel to Atlanta for the American Medical PAC should read: 1/26/91 to 1/27/91.

(16)

1577

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Bill Green
(Full Name)

2301 Rayburn House Office Building
(Mailing Address)

(202) 225-2436
Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 15	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Bill Green

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period Exclude Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year If so, provide details in Section IV on page A-3 For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional				Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X									X								X								X
			George Wash Credit Union Accounts				X										X									X					
			182 Main Street, Dover, Delaware					X								X								X							
			Schedule Attached																												

For additional assets and unearned income, use next page

1578

Reporting Individual's Name

Bill Green

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000–
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Schedule Attached											

Financial Disclosure A-3

Reporting Individual's Name

Bill Green

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Bill Green

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$136

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

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NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Schedule Attached				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: Bill Green

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
	Schedule Attached

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
X Bill Green	5/14/92

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

PARTS II AND III - ASSETS AND "UNEARNED INCOME"

Asset/Income Source	Value	Type of Income	Category of Income	Trans-action
Mr. Green				
AST Research Inc	C	Cap. Gain	VII	X
Albion Trading	A			
American Express Co	None	Dividend	I	X
		Cap. Gain	Loss	
American Family Corp	None	Cap. Gain	VI	X
Ametek Inc.	B	Dividend	III	X
		Cap. Gain	Loss	
Anacomp Inc.	C			X
J. Baker Inc.	D	Dividend	II	X
Chips & Technologies Inc.	C	Cap. Gain	Loss	X
Cimflex Teknowledge	None	Cap. Gain	Loss	X
Computer Factory Inc	None	Cap. Gain	Loss	X
DNA Plant Technology	C	Cap. Gain	Loss	X
Diversified Industries	None	Cap. Gain	Loss	X
Dynatech Corp.	C			X
Everex Sys. Inc.	C	Cap. Gain	Loss	X
Galoob Lewis Toys Inc Pfd.	B	Dividend	II	X
Giant Group Ltd	D			X
Glendale Fedl CV Euro 7.75%	None	Interest	IV	X
		Cap. Gain	Loss	
Grow Group Inc.	A			
Guam Airport Rev 8%-04	E	Interest	V	
Hadson Corp	B	Cap. Gain	Loss	X
Hallwood Group New	C			
Hanson PLC Sponsored	None	Dividend	III	X
		Cap. Gain	V	
International Technology	C			X
Ketema Inc	B			
Life Technologies	None	Cap. Gain	VII	X
Mark IV Inds. Inc.	C	Dividend	I	
Material Sciences Corp	D			
Mylan Laboratories	E	Dividend	II	X
NYS Municipal Bonds	None	Cap. Gain	Loss	X
		Interest	III	
Numac Oil & Gas Ltd	C			X
OHM Corp	C	Cap. Gain	Loss	X
Ontario NY Bans 5.84%-91	None	Interest	V	X
		Cap. Gain	Loss	
Puerto Rico Cmnwlth 6.75%-06	C	Interest	IV	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

Asset/Income Source	Value	Type of Income	Category of Income	Trans-action
Mr. Green Continued				
Quaker Chemical Corp	None	Dividend	II	X
		Cap. Gain	V	
Quantum Corp	C			X
Rabbit Software Corp	None	Cap. Gain	Loss	X
Rymer Food Inc.	None	Cap. Gain	Loss	X
Seagate Technology	None	Cap. Gain	Loss	X
Sterling Software Inc.	D			X
Stone Container Corp	None	Dividend	II	X
		Cap. Gain	Loss	
Sudbury Inc	None	Cap. Gain	Loss	X
Thames Rico Ltd	D	Dividend	VI	
Tecogen Inc.	C			X
Thermo Electron Corp	E			X
Total SA Sponsored ADR	C			X
UDC Universal Dev. L.P.	None	Partnership	II	X
		Cap. Gain	Loss	
Union Electric 10.5%-05	C	Interest	IV	
Willamette Industries	None	Interest	II	X
		Cap. Gain	V	
Willcox & Gibbs 7%-14	None	Interest	III	X
		Cap. Gain	Loss	
Golden Gate Associates IV	A			
Energy Answers Corp - Equity and Loans	H			
SWC Corp	H	Interest	II	
Manufacturers Hanover - Certificate of Deposit	D	Interest	V	
Loan Receivable - Committee for Congressman Green	E			
Receivable from J. Colin Bankruptsy Estate	Unknown			
East River Savings Bank	B	Interest	II	
Shearson Money Market Funds	E	Interest	V	
Chase Manhattan Bank	D	Interest	III	
SSS of Allentown Inc	A	Partnership	Loss	
Mrs. Green				
Allergan Inc.	B	Dividend	I	
Beckman Instrs Inc.	B			
Carolina Power & Light	B	Dividend	II	
Gentex Corp	B			
IBM Corp	D	Dividend	IV	X
NYS Electric & Gas Corp	B	Dividend	III	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

Asset/Income Source	Value	Type of Income	Category of Income	Trans-action
Mrs. Green Continued				
Pa. Power & Lt 9%-00	C	Interest	III	
Smithkline Beecham PLC	C	Dividend	III	
Southern Co	C	Dividend	III	
Unilever NV Ord	D	Dividend	III	
Manufacturers Hanover Trust	D	Interest	IV	
Chemical Bank	D	Interest	IV	
Shearson Money Market Funds	D	Interest	IV	

Mr. Green is the income beneficiary of a trust created under the will of his father (Louis A. Green). Listed below is the financial disclosure of this trust.

ADT Ltd Par $0.10	B	Cap. Gain	Loss	X
AST Research Inc.	None	Cap. Gain	VII	X
Altron Inc.	B			
Amerada Hess Corp	C	Dividend	I	X
American Family Corp	None	Cap. Gain	VI	X
Ametek Inc.	C	Dividend	II	
Applied Magnetics Corp	C			X
Aydin Corp	None	Cap. Gain	V	X
J. Baker Inc.	D	Dividend	II	
Banctexas Group Inc.	A			
Barclays Bank PLC	C	Dividend	IV	
Bay View Cap. Corp	C			
Brit. Airways PLC	None	Dividend	III	X
		Cap. Gain	Loss	
Calfed Inc.	B	Dividend	II	
Chase Manhattan Corp	D			X
Cimflex Teknowledge	A			
Conner Peripherals Inc.	C	Cap. Gain	Loss	X
Dime Savings Bank	C			
Diversified Industries	B	Cap. Gain	Loss	X
Ferrofluidics Par $0.004	B			
Galoob Lewis Toys Inc	D	Dividend	V	X
Gaylord Container Corp A	None	Cap. Gain	Loss	X
Genrad Inc. 7.25%-11	C	Interest	IV	
Glenfed Inc. Holding	B			
Grossmans Inc.	B			
Hadson Corp	B			
Hallwood Group Inc New	C			
Hallwood Group 13.5%-09	C	Interest	I	
Hanson PLC Sponsored	None	Dividend	II	X
		Cap. Gain	III	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

Asset/Income Source	Value	Type of Income	Category of Income	Trans-action
Trust f/b/o Bill Green u/w/o L.A. Green Continued				
Hempstead Town NY 6.125%-05	C	Interest	IV	
Integrated Device Tech.	C			
KLM Royal Dutch Air.	C			X
Ketema Inc.	B			
MTS Systems Corp	D			X
Material Sciences Corp	C			
Mesa Ltd. Partnership Pfd	B	Partnership	Loss	
Michigan National Corp	None	Dividend	III	X
		Cap. Gain	Loss	
Midlantic Banks 8.25%-10	C	Interest	IV	
MAC NY 8.75%-08	C	Interest	III	
NVR L.P.	A	Partnership	Loss	
Natec Res. Inc.	B			X
New Jersey Stl Corp	C	Dividend	II	X
NYS Energy Resh 9%-15	C	Interest	III	
NYS Energy Resh 9%-15	C	Interest	III	
NYS Local Govt Assist Corp	E	Interest	IV	X
Norteck Inc. 7.5%-06	B	Interest	IV	
Pfizer Inc.	None	Dividend	III	X
		Cap. Gain	VI	
Preston Corp	C			X
Puerto Rico 6.75%-06	D	Interest	IV	
Quantum Corp	B			X
Seibels Bruce Group	C	Dividend	II	X
Smithkline Beckman Corp	None	Cap. Gain	VI	X
Standard Pacific Ltd Ptr	None	Cap. Gain	Loss	X
		Partnership	I	
Starrett Housing Corp	A			
Tecogen Inc.	C			
Terex Corp New	D			X
Thermo Electron Corp	F			
UDC Universal Dev. L.P.	None	Partnership	I	X
		Cap. Gain	Loss	
Unifi Inc.	D	Dividend	III	X
		Cap. Gain	VI	
Union Bank San Fran. Cal.	C	Dividend	IV	
U S Healthcare Inc.	C	Dividend	II	X
Willcox & Gibbs 7%-14	D	Interest	V	
Shearson Money Market Funds	F	Interest	VI	
Golden Gate Assoc III	C	Partnership	VI	
Stryker & Brown	B	Partnership	Loss	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

Mr. Green has a 50% beneficial interest in the income, and an undetermined interest in the principal, of a residuary trust created under the will of his mother (Evelyn Green Davis). Listed below is the complete financial disclosure of this trust.

Asset/Income Source	Value	Type of Income	Category of Income	Transaction
American Family Corp	None	Cap. Gain	V	X
Ametek Inc.	B	Dividends	II	
Applied Magnetics Corp	B			X
Bay View Cap. Corp Del.	B	Dividends	II	
Bird Corp	B			X
Calfed Inc.	A	Dividends	I	
Cimflex Teknowledge	A			
Comdisco Inc. 9.65%-02	C	Interest	IV	
Crestmont Fed. S&L Spr. NJ	B			
Days Inn Amer. 12.375%-97	B			
Diversified Industries	B			
Dynatech Corp	C			X
EQK Green Acres L.P.	C	Partnership	Loss	
Enserch Corp	A	Dividends	I	
Uts Equity Inc. Fnd	B	Dividends	I	
Ferrofluidics Par $0.004	B			
Florida Pwr & Lt 8%-99	B	Interest	I	
GTE Corp	C	Dividend	II	X
Geraghty & Miller Inc.	B			
Grossmans Inc.	B			
Grow Group Inc.	A			
Harding Assoc Inc.	B			
Ketema Inc.	A			
New Jersey Stl Corp	C	Dividends	II	
NYC Hsg Dev 9.125%-21	None	Interest	II	X
		Cap. Gain	I	
NYS 81S 10%-01	None	Interest	II	X
		Cap. Gain	Loss	
NYS Dorm Auth 9.5%-10	B	Interest	II	
Pan Am Airlines 9%-10	None			
Preston Corp	B			X
Rabbit Software	A			
Repligen Corp	C			
Service Corp Intl 10%-00	B	Interest	II	
Starrett Housing Corp	D			
Teletrak Adv Tech Sys	A			
Tesoro Pete 12.75%-01	B	Interest	III	
Thermo Electron Corp	B			
Thousand Trails Inc.	A			
Weston, Roy F. 7%-02	D	Interest	V	
Shearson Money Market Funds	B	Interest	II	
1960 Petro Associates	D	Partnership	VI	
Jaloc Associates	E	Partnership	III	

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

PART IV - TRANSACTIONS

ASSET	TYPE OF TRANSACTION	DATE	AMOUNT
Mr. Green			
AST Research Inc.	Purchase	11/20/91	C
	Sale	1/28/91	E
American Express Co.	Sale	9/3/91	B
American Family Corp	Sale	2/7/91	D
Ametek Inc.	Sale	11/27/91	C
Anacomp Corp	Purchase	12/30/91	C
J. Baker Inc.	Purchase	3/91;11/91	C
Chips & Technologies Inc.	Puchase	2/91;10/91	D
	Sale	11/19/91	C
Cimflex Teknowledge	Sale	10/8/91	A
Computer Factory Inc.	Sale	5/3/91	C
DNA Plant Technology	Purchase	11/27/91	C
	Sale	12/23/91	C
Diversified Industries	Sale	10/91	C
Dynatech Corp	Purchase	11/4/91	C
Everex Systems Inc.	Purchase	11/27/91	C
	Sale	10/7/91	C
Galoob Lewis Toys Inc.	Purchase	2/1/91	B
Giant Group Ltd	Purchase	11/91	D
Glendale Fedl CV Euro 7.75%	Sale	4/19/91	C
Hadson Corp	Purchase	10/14/91	B
	Sale	11/19/91	B
Hanson PLC Sponsored	Sale	2/21/91	C
International Technology	Purchase	12/30/91	C
Life Technologies Inc.	Sale	3/4/91	D
NYS Municipal Bonds	Purchase	3/91;6/91	F
	Sale	3/91;6/91	F
Numac Oil & Gas Ltd	Purchase	7/91	C
OHM Corp	Purchase	10/91	C
	Sale	11/91	C
Ontario NY Bans	Sale	2/27/91	E
Quaker Chemical Corp	Sale	4/5/91	C
Quantum Corp	Purchase	5/31/91	B
Rabbit Software Corp	Sale	12/23/91	A
Rymer Food Inc.	Purchase	2/25/91	C
	Sale	10/15/91	C
Seagate Technology	Sale	2/20/91	D
Sterling Software Inc.	Purchase	9/11/91	D
Stone Container Corp	Sale	10/8/91	C
Sudbury Inc.	Sale	10/7/91	A
Tecogen Inc.	Purchase	4/29/91	E
Thermo Electron Corp	Purchase	4/19/91	D
Total SA Sponsored ADR	Purchase	12/11/91	C
UDC Universal Development	Sale	12/91	C
Willamette Industries	Sale	2/20/91	E
Willcox & Gibbs 7% - 14	Sale	11/27/91	C

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

ASSET	TYPE OF TRANSACTION	DATE	AMOUNT
Mrs. Green			
IBM Corp	Purchase	11/29/91	C
Trust f/b/o Bill Green u/w/o L.A. Green			
ADT Ltd Par $0.10	Purchase	1/14/91	D
	Sale	10/8/91	C
AST Reasearch Inc.	Sale	1/28/91	E
Amerada Hess Corp	Purchase	7/10/91	D
American Family Corp	Sale	2/7/91	D
Applied Magnetics Corp	Purchase	2/4/91	C
Aydin Corp	Sale	3/11/91	C
Brit. Airways PLC Final	Sale	9/11/91	C
Chase Manhattan Corp	Purchase	12/23/91	C
Conner Peripherals Inc.	Purchase	5/91;11/91	E
	Sale	12/6/91	C
Diversified Industries	Sale	10/15/91	B
Galoob Lewis Toys Inc. Pfd	Purchase	2/4/91	B
Gaylord Container Corp A	Sale	10/11/91	C
Hanson PLC Sponsored	Sale	2/21/91	B
KLM Royal Dutch Air	Purchase	9/11/91	C
MTS Systems Corp	Purchase	9/23/91	D
Michigan National Corp	Sale	4/15/91	D
Natec Res Inc.	Purchase	7/2/91	C
New Jersey Stl Corp	Purchase	1/24/91	C
NYS Local Govt Assist 4.9%	Purchase	6/21/91	E
Pfizer Inc.	Sale	11/12/91	D
Preston Corp	Purchase	7/1/91	C
Quantum Corp	Purchase	2/91-5/91	B
Seibels Bruce Group	Purchase	6/26/91	C
Smithkline Beckman Corp	Sale	2/21/91	E
Standard Pacific Ltd Ptr	Sale	1/14/91	D
Terex Corp New	Purchase	8/19/91	C
UDC Universal Development	Sale	1/17/91	B
Unifi Inc.	Sale	5/13/91	D
U S Healthcare Inc.	Purchase	5/29/91	C

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

ASSET	TYPE OF TRANSACTION	DATE	AMOUNT
Residuary Trust u/w/o Evelyn Green Davis			
American Family Corp	Sale	2/7/91	C
Applied Magnetics Corp	Purchase	2/4/91	B
Bird Corp	Purchase	12/31/91	B
Computer Factory Inc.	Sale	5/3/91	A
Dynatech Corp	Purchase	11/4/91	C
GTE Corp	Purchase	2/14/91	C
NYC Hsg Dev Corp 9.125%	Sale	4/15/91	B
81S 10% 3/1/01	Sale	3/1/91	B
Preston Corp	Purchase	7/1/91	B

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

PART VII "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD AND ENTERTAINMENT

Source	Dates	Description
Veterans of Foreign Wars	8/19-20/91	Travel expenses for trip to VFW national convention in New Orleans.
Nat'l Federation of Business and Professional Women's Clubs of the U.S.A.	9/1/91	Travel expenses to Niagara Falls convention
The International Center Washington, DC	12/15-20/91	Travel, lodging & some meals for trip to Moscow.
The Congressional Institute	3/14-16/91	Transportation, meals & lodging for conference at Princeton, New Jersey

ETHICS IN GOVERNMENT ACT OF 1978 - FINANCIAL DISCLOSURE STATEMENT

PART VIII - POSITIONS

Position	Name of Organization
Limited Partner	Golden Gate Associates IV
Limited Partner	UDC Universal Development L.P.
Director	Energy Answers Corp.
Director	American Friends of the Rambam Society for Advancement and Development of Medical Science and Research, Inc.
President & Director	SWC Corp
Treasurer & Director	The Green Fund, Inc.
Trustee	Jewish Assn for Services for the Aged
Trustee	Montefiore Medical Center
Trustee	New School for Social Research
Honorary Trustee	Cancer Research Institute
Visiting Committee	Graduate School for Urban Professions - New School for Social Research
Overseer	UJA - Federation of Jewish Philanthropies of New York
Member	Advisory Committee - NYU Graduate School of Public Administration
Member	Advisory Committee - Kennedy School of Government - Harvard University
National Trustee	National Conference of Christians & Jews

92 JUN -3 AM 2 14

HAND DELIVERED

BILL GREEN
U.S. House of Representatives
2301 Rayburn House Office Building
Washington, D.C. 20515

June 1, 1992

(2)
MC

Clerk of the House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Gentlemen,

After further review of the financial disclosure report I submitted on May 15, 1992, I would like to submit the following amendments.

a) All assets listed on the enclosed Attachment A had no income for the year; therefore the Type of Income column and the Category of Income column should show "none" instead of being left blank.

b) Under "Reimbursements" and Gifts of Transportation etc., the trip of August 19-20, 1991 should be described as: Travel, food and lodging expenses for trip to VFW national convention in New Orleans.

Very truly yours,

Bill Green

ATTACHMENT A

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Anacomp Inc.
Dynatech
Giant Group
Hallwood Group
International Tech
Ketema
Maternal Sciences
NUMAC

P. 8 of 16

Quantum
Sterling Software
Thermo Electron
Total SA
Sponsored ADR
Energy Answers
Corp.
Loans Receivable
Comm.
Beckman instrs
Inc.
Gentex

P. 9 of 16

Altron
Applied Magnetics
Bay View Cap
Chase Manhattan
Dime Savings Bank
Ferrofluidics Par
Glenfed Inc.
Grossmans Inc.

Hadson Corp.
Hallwood Group

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Integrated Device
KLM Royal Dutch
MTS Systems
Natec Res. Inc.
Quantum

P 10 of 16

Tecogen
Terex Corp.
Thermo Electron

Applied Magnetics

P 11 of 16

Bird Corp.

Crestmont Fed S&L

Days Inn Amer.
Diversified Industries

Dynatech Corp.
Ferrofluidics Par
Geraghty & Miller
Grossmans
Harding Assoc.
Pan Am Airlines
Preston Corp.
Repligen Corp.
Starrett Housing
Thermo Electron

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Frank J. Guarini
(Full Name)

Journal Square Plaza
(Mailing Address)

Jersey City, New Jersey 07306

Telephone: (201) 653-0050

Filer Status	[X] Member of the U.S. House of Representatives	State New Jersey District 14	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15) *	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

12 ..ANL ..VCHCL MC

In all sections, please type or print clearly in black ink. *Extension granted until June 15, 1992

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Frank J. Guarini

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name
Frank J. Guarini

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S — ABC Corporation Stock				X								X									X							X
Examples: George Wash. Credit Union Accounts					X									X									X					
Examples: 182 Main Street, Dover, Delaware						X							X									X						
UJB Commercial Trust Accounts					X									X											X			
Trust Company of New Jersey Accounts		X												X										X				
Mortgage Receivable										X				X													X	
Loan Peter G. Mangin						X													X									
Loan Ron Bisaccia					X														X									
Loan Joseph Panepinto				X															X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Frank J. Guarini

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Lawyers Guild Realty Stock								X			X													X				
	590 Newark Ave. Corp. Stock								X			X														X			
	Hanover Realty & Mortgage Co. Stock						X												X										
	116 Newark Ave. Corp. Stock									X									X										
	FJG Investment Company Stock						X					X										X							
	600 Newark Ave. Corp.						X					X												X					
	Loan - Garden State Development Corp.				X														X										
	Great Notch Development Corp. Stock	X													X										X				X
	Cedars Industrial Park, Joint Venture owning 93 acres of undeveloped land in North Berge & Secaucus, N.J.									X									X										
	Henry Energy Corporation Stock	X																	X										
	Journal Square Plaza Associates owning office building at Journal Square Plaza, Jersey City, N.J.							X						X							X								
	Casselberry Fernpark Assoc., Ltd. Partnership owning real estate in Seminole County, Florida						X												X										
	Golden Associates, Ltd. Partnership owning real estate in Orange County Florida						X												X										
	Goldenrod Associates, Ltd. Partnership owning real estate in Orange County Florida						X												X										
	Condominium Time Sharing - Casa Del Sol			X															X										

[redacted] (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Frank J. Guarini

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Condominium Time Sharing - Playa Linda Beach			X															X									
Condominium Time Sharing - Harbourtown			X															X									
Boulevard Parking Associates - Parking lot Journal Square, Jersey City, N.J.							X										Partnership Income								X		
PGM Associates owning office building @ Journal Square, Jersey City, N.J.									X				X							X							
Classic Mining Corp. Stock		X																X									
Wilshire Oil Co. of Texas Stock					X													X									
Trust Company of New Jersey Bancorporation Stock						X																X					
State of Israel Bond	X												X						X								X
Phillips Petroleum Corp. Stock				X																X							
Canada Southern Petroleum Stock				X														X									
Arnet, Inc. Stock		X																X									
Mark IV Industries Stock				X														X									
CFAC Credit Union Stock		X																X									
Nickling Resources Stock	X																	X									
National Data Communications Stock	X																	X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Frank J. Guarini

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Radiation Service Assoc. Stock		X																X									
Golden City Bank Stock					X													X									
US Asia Magazine Stock				X														X									
Putnam Inter Growth Fund				X							X										X						
Merrill Lynch Short Term Global Fund								X			X													X			X
Fannie Mae CMO due 11/25/13						X							X										X				X
Port Authority NY & NJ Bonds						X							X										X				
Citibank, Nevada CD					X								X										X				
First Federal of Michigan CD					X								X										X				
Texas National Bank CD				X									X								X						
Merrill Lynch CMA Govt. Money Fund									X		X													X			
City Savings Bank Bedminster NJ CD	X												X									X					
Pima Federal S & L Assn.Tucson Ariz.CD	X												X									X					
Society for Savings Hartford Conn. CD	X												X								X						
First Federal S&L Assn. RochesterNY CD	X												X									X					

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Frank J. Guarini

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTERES*	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201*	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Great Western Bank Beverly Hills, Cal. CD	X												X								X						
Glendale Federal Bank Glendale, Cal. CD	X												X								X						
American Savings Bank Irving, Cal. CD	X												X								X						
IRA - Putnam Inter Growth Fund				X							X									X							
IRA - Merrill Lynch Retirement Fund			X								X								X								
SEP - Growth Fund of America				X							X								X								
SEP - Merrill Lynch Retirement Fund			X								X							X									
U.S. Government Thrift Savings Plan				X									X							X							
Land - Undeveloped 6 acres on Grand & Pacific Streets, Jersey City, N.J.	X													X												X	X
Condominium - St. Johns Apt's. Jersey City, N.J.					X												X										
Condominium - Harmon Cove, Secaucus, N.J.						X											X										
Cooperative Apt. 120 Central Park South New York City							X										X										
One family house - Netherland Antilles							X					X										X					

Reporting Individual's Name
Frank J. Guarini

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Land - Grand & Pacific		X		9-25-91							X
	Great Notch Development Corp.		X		10-21-91		X					
	State of Israel Bond		X		4-15-91	X						
	Merrill Lynch Short Term Global Fund	X			4-15-91, 5-29-91, 7-8-91, 7-11-91						X	
	Fannie Mae CMO due 11/25/13	X			4-30-91				X			

Reporting Individual's Name: Frank J. Guarini

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	National Community Bank	Mortgage on Condo - Harmon Cove, Secaucus, N.J.		X					
	Trust Company of New Jersey	Mortgage on Condo - Jersey City, N.J.			X				

Financial Disclosure A-4

Reporting Individual's Name: Frank J. Guarini

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash. D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Frank J. Guarini

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
NONE			

Reporting Individual's Name

Frank J. Guarini

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app 6, § 101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank J. Guarini

DATE (Month, Day, Year): June 11th, '92.

FRANK J. GUARINI
14TH DISTRICT
NEW JERSEY

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON TRADE
COMMITTEE ON BUDGET
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL
MAJORITY WHIP AT-LARGE

INSIDE MAIL

RECEIVED

92 JUL 1 AM 11:33

COMMITTEE ON STANDARDS

Congress of the United States
House of Representatives
Washington, DC 20515-3014

RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3014
(202) 225-2765

15 PATH PLAZA
JERSEY CITY, NJ 07306
(201) 659-7700

654 AVENUE C
BAYONNE, NJ 07002
(201) 823-2900

June 30, 1992

(2)

MC

1992 JUL -2 PM 3:39

RECEIVED

Honorable Louis Stokes
Chairman
Committee on Standards of Official Conduct
House of Representatives
HT2 Capitol
Washington, D.C. 20515-6612

Dear Mr. Chairman:

I am in receipt of your letter dated June 17, 1992 requesting additional information with respect to my Financial Disclosure Statement for the calendar year ended December 31, 1991. The following is the additional information pursuant to the items listed on your Form A Checklist:

PART II. ASSETS

Loan Peter G. Mangin - Journal Square Plaza, Jersey City, N.J.
Loan Ron Bisaccia - 67th Street, New York, N.Y.
Loan Joseph Panepinto - Journal Square Plaza, Jersey City, N.J.
Mortgage Receivable - 80 Park Plaza, Newark, N.J.
Condominium - Casa Del Sol - L. G. Smith Boulevard 51, P.O. Box 740, Oranjestad, Aruba, N.A.
Condominium - Playa Linda Beach, L. G. Smith Boulevard 87, P.O. Box 1010, Oranjestad, Aruba, N.A.
Condominium - Harbourtown - L. G. Smith Boulevard 9, Swaine Wharf, Oranjestad, Aruba, N.A.
Casselberry Fernpark Assoc. Ltd. Partnership - strip shopping center in Seminole County, Florida
Golden Associates, Ltd. Partnership - strip shopping center located in Orange County, Florida
Goldenrod Associates, Ltd. Partnership, strip shopping center located in Orange County, Florida

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

PART III. UNEARNED INCOME

Trust Company of New Jersey Bancorporation Stock, Dividend income
Phillips Petroleum Corp. Stock - Dividend income

PART V. LIABILITIES

National Community Bank - West Paterson, New Jersey

I believe the above answers all of the items listed on your Form A Checklist.

If you require anything further, please feel to contact me.

Sincerely,

Frank Guarini

FRANK J. GUARINI
Member of Congress

FJG:jc

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

8

92 . : 15 11 2 20

Steven Craig Cundersen
(Full Name)

Route #2
(Mailing Address)

Osseo, WI 54758

Telephone (w) (202) 225-5506

Filer Status	[X] Member of the U.S. House of Representatives	State WI District 3d	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1609

Reporting Individual's Name
Steven Craig Cunderson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
National Restaurant Association, Wash., D.C.	Speech	May 2, 1991	$1,000.00

Reporting Individual's Name

Steven Craig Anderson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X									X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
	Route 2, Essex, MI (home)						X							X									X							
	1650 Firby Rd., McLean, VA (1/2 owners'h-personal residence)									X										X										
	Fed. Federal Credit Union, Wash DC			X												X					X									
	Pioneer Falls State Bank					X										X					X									
	Sav. & Mutl. Bank (IRA), Whitehall				X											X						X								
	1650 Mass. Ave., McLean, VA (1/2 ownership)	X																	SOLD AT LOSS											X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Steven Craig Cunderson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	1854 Mass. Ave., McLean, VA (1/6 ownership)	X															SOLD AT LOSS										X

[redacted] (Form A)

Reporting Individual's Name
Steven Craig Gunderson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO DAY YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example | ABC Corporation Common Stock	X			10-12-90			X				
	1850 Mass. Ave., McLean, VA Sale of House (1/2 ownership) (sold at loss)		X		10/4/91				X			
	1854 Mass. Ave., McLean, VA Sale of House (1/6 ownership) (sold at loss)		X		11/26/91			X				

Reporting Individual's Name
Steven Craig Gunderson

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Pigeon Falls State Bank, Pigeon Falls, WI	Personal loan		X					
	Union Bank of Blair, Blair, WI	Personal loans		X					
	Jackson County Bank, Black River Falls, WI	Personal loan	X						
	Madison National Bank, McLean, VA (FDIC, Atlanta, GA Division)	1/2 mortgage on 1650 Kirby, McLean				X			
	First Savings Bank, Sterling, VA	1/2 mortgage on 1850 Mass., McLean				X			
	Trust Bank, Springfield, VA	1/6 mortgage on 1854 Mass., McLean			X				

Reporting Individual's Name
Steven Craig Cunderson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
WI Bankers Assn. Bank Executives Seminar	2/4/91	Roundtrip air travel from Wash. DC to Madison, WI, and lunch	
The Congressional Institute, Inc.	3/14-16/91	Ground transportation from Wash. DC to Princeton, NJ, 2 day's lodging/meals	
National Milk Producers Federation	12/3-4/91	Roundtrip air travel from Wash. DC to Orlando, Fl, and 1 day's lodging/meals	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Steven Craig Cunderson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	Gallaudet University (by appointment of the Speaker of the House of Representatives)
Director	Ackley Scholarship Foundation, Inc.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app 6, §104 and 18 U.S.C §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Steven Cunderson	May 14, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

Ralph M. Hall
(Full Name)

2236 Rayburn Building
(Mailing Address) Telephone

Washington, DC 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Employee Retirement System, State of Texas	Legislative Pension	$27,840.00

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Ralph M. Hall

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name

Ralph M. Hall

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	Less than $1,001 (A)	$1,001 - $15,000 (B)	$15,001 - $50,000 (C)	$50,001 - $100,000 (D)	$100,001 - $250,000 (E)	$250,001 - $500,000 (F)	$500,001 - $1,000,000 (G)	over $1,000,000 (H)	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	Less than $201 (I)	$201 - $1,000 (II)	$1,001 - $2,500 (III)	$2,501 - $5,000 (IV)	$5,001 - $15,000 (V)	$15,001 - $50,000 (VI)	$50,001 - $100,000 (VII)	$100,001 - $1,000,000 (VIII)	over $1,000,000 (IX)	Block D Transaction (X)
S	Examples: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Securities:																												
	Crowley Holding Company Crowley, Texas				X																								
	Lakeside National Bank Rockwall, Texas				X							X								X									
	Lakeside Bancshares, Inc. Rockwall, Texas							X																					
	North & East Trading Co. Rockwall, Texas					X																							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Ralph M. Hall

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Real Estate:																											
Airport Hangar Rockwall, Texas				X																							
163 Acres Wood County, Texas					X																						
321 Acres Hunt County, Texas						X								X										X			X
200 Acres Hunt County, Texas						X																					
15 Acres Henderson County, Texas				X																							
5 Acres Rockwall County, Texas							X																				
Townhouse Washington, DC						X																					
Office Building Rockwall County, Texas					X							X							X								
Residential Lots Rockwall County, Texas				X																							
1/2 Interest 52 Acres Wood County, Texas	X													X										X			X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Ralph M. Hall

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S. DC. JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	II $201 - $1,000	IV $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Partnership Interest:																											
General Equity Fund 10 Longview, Texas			X										X	X										X			
H&H Properties Rockwall, Texas		X																									
Notes Receivable:																											
North & East Trading Co. Rockwall, Texas				X																							
J. Blakeley Hall Rockwall, Texas			X																								
R. Hampton Hall Rockwall, Texas				X																							
Brett A. Hall Rockwall, Texas			X																								
Lakeside Bancshares, Inc. Rockwall, Texas				X																							
Hall Law Office Partnership Rockwall, Texas			X																								
Brett, J. Blakeley and R. Hampton Hall Rockwall, Texas				X																							
Kenneth Maroney Rockwall, Texas			X										X						X								
Oil Interest:																											
Caddo Parrish La.			X														Royalty				X						

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Reporting Individual's Name: Ralph M. Hall

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	127 Acres Hunt County, Tx.		X		12-23-91			X				
	1/2 Interest 27 Acres Wood County, Tx.		X		7-05-91	X						
	1/2 Interest 27 Acres Wood County, Tx.		X		9-27-91	X						

Reporting Individual's Name: Ralph M. Hall

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Bank of Crowley, Crowley, Tx.	Business Borrowings		X					
	Lakeside National Bank, Rockwall, Tx.	Mortgage Henderson County & Business Borrowings				X			
	Community Bank, Rockwall, Tx.	Business Borrowings		X					
	Citizens State Bank, Royce City, Tx.	Business Borrowings			X				
	First National Bank, Garland, Tx.	Lakeside Bancshares stock & Business Borrowings				X			
	First National Bank, Rowlett, Tx.	Lakeside National Bank stock	X						
	State Bank of Caddo Mills, Caddo Mills, Tx	Lakeside Bancshares stock		X					
	NCNB, Garland, Tx.	Mortgage 321 Acres Hunt County				X			
	Union Security Life, Greenville, Tx.	Mortgage 200 Acres Hunt County 163 Acres Wood County & Office						X	
	Independent Bank, Rockwall, Tx.	Building Rockwall County Residential Lots Rockwall Co.				X			
	First National Bank, Leonard, Tx.	Residential Lots Rockwall Co.		X					
	Shuler Investments, McKinney, Tx.	Residential Lot Rockwall Co.		X					
	Francie Oliver Austin, Tx.	Lakeside Bancshares stock		X					
	Mayre Springer Wills Point, Tx.	Lakeside Bancshares stock		X					
	Lloyd Wilcox Rockwall, Tx.	Lakeside Bancshares stock		X					
	Lorretta Myers Rockwall, Tx.	Lakeside Bancshares stock				X			
	Linrock, Inc. Rockwall, Tx.	Mortgage 152 Acres Hunt Co.			X	X			
	Hugh Hall Rockwall, Tx.	Business Borrowings	X						

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Reporting Individual's Name
Ralph M. Hall

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Ralph M. Hall

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Director & Chairman	Lakeside National Bank, Rockwall, Tx.
Director & President	Lakeside Bancshares, Inc., Rockwall, Tx.
Director & Chairman	Bank of Crowley, Crowley, Tx.
Director & Chairman	Crowley Holding Company, Crowley, Tx.
Director & Chairman	North & East Trading Co. & Linrock, Inc., Rockwall, Tx.
Partner	General Equity Fund 10, Longview, Tx.
Partner	H&H Properties, Rockwall, Tx.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C. app. 6, §101 et seq). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C. app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ralph M. Hall	May 15, 1991

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 14 AM 10:04

(8)

HAND DELIVERED

(Office Use Only)

Tony P. Hall
(Full Name)

2560 North 23rd Road (202)225-6465 work
(Mailing Address) Telephone

Arlington, VA 22207

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	International Foundation, Arlington, VA	Spouse Salary	NA
	Halls Hand Laundry, Dayton, OH	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Tony P. Hall

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
The Tobacco Institute, Alexandria, VA	Speech - Legislative Conf.	July 10, 1991	$2000.00

Reporting Individual's Name: Tony P. Hall

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X									X					
			182 Main Street, Dover, Delaware				X							X								X							
JT	Halls Hand Laundry (1/3 interest)						X					no dividend declared							NA										
JT	R.O. Assoc. (1.98% limited partnership)			x								loss							loss	x									
JT	Signet Bank, Arlington, VA				x										X						x								
JT	Cong. Employees Federal Credit Union				x										X						x								
DC	Jyl and Matthew Hall; Clifford Trust set up by Tony P. and Janet Hall, Dayton					x									x								x						
DC	Signet Bank, Arlington, VA (Account for minor children, Jyl & Matthew Hall					x									x								x						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Tony P. Hall

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Shearson Lehman, Jyl & Matthew Hall (100 shrs. Wendy's, 20 shrs. Mattel, 10 shrs. Techniclone International)			X								X								X										

Reporting Individual's Name
Tony P. Hall

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Tony P. Hall

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name
Tony P. Hall

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Hunger Project - San Fran. CA		Feb. 2-4,'91	Roundtrip air from Wash. DC to San Fran. CA 2 days food & Lodging	
Brown Univ.- World Hunger- Prov. RI		Apr. 3-4, '91	Roundtrip air, Wash. DC to Providence, RI, 1 night food & lodging	
ABC-Network News- New York, NY		May 2, '91	Roundtrip air, Wash. DC to New York, Transportation to network	
Second Harvest - Chicago, IL		June 21-24,'91	Roundtrip air, Wash. DC - Tampa, FL, 3 days food&lodging, self&son	
Food for the Hungry, Inc. Scottsdale, AZ		Oct.16-20'91	Roundtrip air, Wash. DC to Phoenix,AZ 3days lodging, spouse only	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Tony P. Hall

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Limited Partnership (1.98% interest)	R.O. Associates - K-Mart Store

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [✓]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)

GPO: 1991 50-267 (m)

TONY P. HALL
THIRD DISTRICT, OHIO
COMMITTEES
HOUSE COMMITTEE ON RULES
SUBCOMMITTEE ON RULES OF THE HOUSE
CHAIRMAN
SELECT COMMITTEE ON HUNGER

Congress of the United States
House of Representatives
Washington, DC 20515-3503

2162 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3503
(202) 225-6465
DISTRICT OFFICE
501 FEDERAL BUILDING
200 WEST SECOND STREET
DAYTON, OH 45402
(513) 225-2843

INSIDE MAIL

1

May 28, 1992

The Honorable Donnald K. Anderson
Clerk of the House
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Anderson;

I would like to amend my 1991 financial disclosure statement to include the fact that the Clifford Trust for Jyl and Matthew Hall which was set up by Tony P. and Janet Hall is a bank account held at Bank One in Dayton, OH.

Thank you for your attention to this matter.

Sincerely,

Tony P. Hall
Member of Congress

TPH:mr

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1

Lee Herbert Hamilton
(Full Name)

2187 Rayburn HOB, Washington, D.C. 20515 (202) 225-5115
(Mailing Address) Telephone

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Indiana District 9	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
Spouse's income: Sale of painting			

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

LEE H. HAMILTON

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Christian Science Monitor	article	2/12/91	$125.00
N. American International Business	article	2/13/91	$300.00
The New York Times	article	4/25/91	$150.00
Sit Investment Associates	speech	4/25/91	$2000.00
National Retail Federation	speech	4/25/91	$1000.00
Grocery Manufacturers of America, Inc.	speech	4/25/91	$1000.00
Christian Science Monitor	article	7/12/91	$100.00
The New York Review of Books	article	12/11/91	$1000.00
Christian Science Monitor	article	5/20/91	$200.00

Reporting Individual's Name

LEE H. HAMILTON

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of you, spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S — ABC Corporation Stock				X								X									X								X
	George Wash. Credit Union Accounts					X									X									X						
	182 Main Street, Dover, Delaware							X						X									X							
S	Sears Roebuck & Co. stock							X					X												X					
JT	Sears Roebuck & Co. stock				X								X								X									
	General Motors stock				X								X								X									
	AT&T stock				X								X								X									
	Pacific Telesis stock				X								X									X								
JT	Money Market fund Crestar Bank of VA					X									X								X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: LEE H. HAMILTON

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	Money Market fund Wright Patman FCU			X										X							X								
S	AMCAP fund IRA		X									X			X					X									
	Growth fund of Wash. IRA			X								X			X							X							
S	John Nuveen TE Spouse inheritence			X										X								X							
S	Nuveen tax exempt Spouse inheritence			X										X							X								
S	Bell Atlantic Corp. stock			X								X										X							
S	Gov't National Mortgage Bond		X											X							X								
S	Dade Co. FL Municipal Bond			X										X								X							
S	Georgia St. Bond			X										X							X								
S	Indiana St. Bond		X											X							X								X
S	Orlando FL Municipal Bond			X										X								X							
S	St. Lucia Co. FL Municipal Bond			X										X									X						
JS	Utah St. Bond		X											X							X								
S	Old Kent Chg Bk TE Cash Mgt. fund Spouse inheritence		X											X									X						X
S	Old Kent Chg Bk short term TE bond fund Spouse inheritence					X								X								X							X
S	Certificate of deposit Crestar of VA			X										X						X									X

(Form A)

Reporting Individual's Name

LEE H. HAMILTON

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Certificate of Deposit - Crestar Bk. VA	X			3/6/91		X					
S	Old Kent T.E. Cash Management Fund		X		10/8/91				X			
S	Old Kent Short Term T.E. Bond Fund	X			10/8/91				X			
S	Indiana St. Hsg. Fin. Auth.		X		9/1/91	X						

Transfer

Reporting Individual's Name
LEE H. HAMILTON

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
LEE H. HAMILTON

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Exempie:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Sit Investment Associates		2/13-16,91	Roundtrip airfare DC-AZ, 3 days lodging, car rental, self & spouse	
Aspen Institute		8/10-22,91	Roundtrip airfare DC-CO, spouse	
Aspen Institute		8/17-21,91	Lodging CO, spouse	
Caribbean/Latin American Action		11/30-12/7	Roundtrip airfare DC-FL, self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
LEE H. HAMILTON

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S.C app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	MAY 14, 1992

GPO 1991 50-267 (m)

LEE H. HAMILTON
9TH DISTRICT, INDIANA

COMMITTEES

FOREIGN AFFAIRS

JOINT ECONOMIC

92 MAY 21 PM 12 15

Congress of the United States
House of Representatives
Washington, DC 20515

2187 RAYBURN BUILDING
WASHINGTON, DC 20515
TELEPHONE: (202) 225-5315

DISTRICT OFFICES
107 FEDERAL CENTER
BUILDING 68
1201 EAST 10TH STREET
JEFFERSONVILLE, IN 47130
TELEPHONE: (812) 288-3999

CALL TOLL FREE
(800) 892-3232

May 20, 1992

HAND DELIVERED

(1)

✓
MC

Mr. Donnald Anderson
Clerk of the House
1036 Longworth H.O.B.
Washington, D.C. 20515

Dear Mr. Anderson:

I am writing to amend my 1991 Financial Disclosure Statement which erroneously states that the Aspen Institute paid for airfare and lodging for my spouse. Those expenses were in fact paid by me personally and should not have appeared on the form.

Thank you for your attention to this matter. With best wishes, I am

Sincerely,

LEE H. HAMILTON, M.C.

LHH/nvc

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 2 38

HAND DELIVERED

(Office Use Only)

(Full Name)	John Paul Hammerschmidt
(Mailing Address)	U. S. House of Representatives
	Washington, D. C.
Telephone	202 225-4301
Filer Status	[XX] Member of the U.S House of Representatives — State ____ District ____ — [ ] Officer or Employee — Employing Office ____
Report Type	[X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date ____

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	US Air Force Reserve	retired pay	$5,554

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

1644

Reporting Individual's Name
John Paul Hammerschmidt

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Interstate Truck Load Carriers Conference	speech	March 11, 1992	$2,000

Reporting Individual's Name
John Paul Hammerschmidt

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts			X									X									X					
			182 Main Street, Dover, Delaware				X							X									X						
	Hammerschmidt Lumber Co, Inc. common stock							X											X										
	Industrial land, 14 acres Harrison, Arkansas							X											X										
	Government Investors Trust Arlington, Virginia				X										X						X								
	Worthen National Bank, Harrison, AR (formerly First National)		AR		X										X					X									
	Security Bank, Harrison, AR				X										X					X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Paul Hammerschmidt

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	First Federal Savings & Loan Harrison, AR			X										X							X							
	Sergeant at Arms, House of Representatives, Washington, DC (terminated Dec 15, 1991)			X															X									
	New York Life Insurance Company New York, New York			X								X											X					
	W. P. Congressional FCU				X									X							X							
	Chase Manhattan Bank New York, New York			X										X							X							
	First National Bank Green Forest, Arkansas			X										X						X								

(Form A)

Reporting Individual's Name: John Paul Hammerschmidt

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	1989 Cadillac Fleetwood car		x		10/9/91		x					
	1990 Cadillac Fleetwood car	x					x					

Reporting Individual's Name
John Paul Hammerschmidt

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	GMAC	Car loan		x					

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Reporting Individual's Name
John Paul Hammerschmidt

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
March of Dimes, Little Rock, AR (Citizen of the year presentation)	3/6/91	Roundtrip air Washington to Little Rock, & dinner self & spouse	
Interstate Truck Load Carriers Conference	3/10-11/91	Roundtrip air Fayetteville, AR. to Phoenix one night lodging and meals; self	
CSC Corporation (RR inspection trip)	6/1/91	Roundtrip train, Washington - Charlottesville; meal self & spouse	
Association of American Railroads Intermodal Policy Conference	6/14-16/91	Roundtrip air, Washington - Orange County, CA 2 nights lodging and meals; self	
Airport Associations Council International (Aviation issues symposium)	6/20-23/91	Roundtrip air, Washington - Brussels; spouse 3 nights lodging & meals; self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
John Paul Hammerschmidt

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization
Director	First Federal Savings & Loan Assn, Harrison, Arkansas
Chairman/President	Hammerschmidt Lumber Company, Harrison, Arkansas

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John Paul Hammerschmidt	May 15, 1992

GPO: 1991 50-397 (m)

JOHN PAUL HAMMERSCHMIDT
THIRD DISTRICT ARKANSAS

HOME ADDRESS
HARRISON ARKANSAS

WASHINGTON ADDRESS
2207 RAYBURN BUILDING
WASHINGTON DC 20515
PHONE 225-4301

HAND DELIVERED

92 JUN -3 PM 1:55

Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
SUBCOMMITTEES
AVIATION—RANKING MEMBER
WATER RESOURCES
SURFACE TRANSPORTATION
VETERANS' AFFAIRS—RANKING MEMBER
SUBCOMMITTEES
HOSPITALS AND HEALTH CARE—RANKING MEMBER
COMPENSATION, PENSION AND INSURANCE
HOUSING AND MEMORIAL AFFAIRS
SELECT COMMITTEE ON AGING
SUBCOMMITTEE
HOUSING AND CONSUMER INTERESTS—RANKING MEMBER

June 3, 1992

1

✓
MC

The Clerk
Office of Records and Registration
U. S. House of Representatives
Washington, D. C. 20515

Dear Sir:

An omission in my Financial Disclosure Statement for Calendar Year 1991, filed May 15, 1992, has been brought to my attention.

In Part VII, item five, the "roundtrip air" entry should have included "self" as well as spouse.

In Part IV, the car listed as a 1990 model is a 1992.

Very truly yours,

John Paul Hammerschmidt
JOHN PAUL HAMMERSCHMIDT
Member of Congress

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY -5 P. 3:34

Melton D. Hancock
(Full Name)

6200 W. Grand Street Road
(Mailing Address) Telephone

Springfield, MO 65802

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State MO District 7	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Supporting schedule attached		

For payments to charity in lieu of honoraria, use next page

Source	Type	Amount
Federal Protection, Inc., Springfield, MO	Salary	* $24,000

* (Letter from U.S. House of Representatives Committee on Standards of Official Conduct dated 10-27-90 attached - " -- this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII -- ")

Board of Directors of Federal Protection (including the Chairman of the Board) receive absolutely no compensation for services as director.

Reporting Individual's Name

Melton D. Hancock

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
				None

Reporting Individual's Name

Melton D. Hancock

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
	Supporting schedule attached																													

For additional assets and unearned income, use next page

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S DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) NONE	A	B	C	D	E	F	G	H	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	Other Income	Category of Amount of Income (X) NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D Transaction (X)
	Federal Protection, Inc Stock (Sub S)							X			X		X											X			
	614 N Haseltine Rd, Springfield, MO						X					X										X					
	6200 W Grand, Springfield, MO (farm)						X					X										X					
	Leased vehicle-to Fed Prot, Inc.				X							X										X					X
	SDL Properties Stock (Sub S)				X								X					X									X
	Mtg on Barns Meadows-Phillip Downs				X								X								X						
	State Bank SW Mo (Checking & Savings)				X								X						X								
	Farm & Home Savings & Loan (CD)			X									X						X								
	First Springfield Securities	X											X					X									X
	Scottsdale Securities Brokerage a/c	X											X						X								X
	Great Southern (Checking, Savings & CD)			X									X								X						
	U. S Treasury Securities						X						X									X					
	Exxon Corporation (Bonds)				X								X								X						
	Ind Dev Auth, Eldorado Spr, MO (Bonds)	X											X						X								X
	Mo State Envir Auth (Itan Bonds)				X								X							X							
	Mo State Health Facility (Cox Bonds)				X								X							X							
	Mo State Housing & Dev Auth (Bonds)			X									X							X							
	National Municipal Trust Ser (Bonds)				X								X							X							
	City of Springfield Park Bd (Bonds)			X									X						X								
	City of Springfield Public Util (Bonds)			X									X						X								
	Note receivable Bob Cook			X									X				X										
	Fidelity Magellan Fund				X						X										X						
	Houston Industries (Common Stock)				X						X									X							
	American Electric Power (Common Stock)			X							X								X								
	Dreyfus Worldwide Fund				X						X									X							X
	20th Century Funds-Personal						X				X		X					X									X

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
		Year End Value (X)									Type of Income (X)					Other Income	Category of Amount of Income (X)											Transaction (X)
S DC, JT		NONE	A	B	C	D	E	F	G	H	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRST		NONE	I	II	III	IV	V	VI	VII	VIII	IX		
	Union Electric (Common Stock)			X							X								X									
	Vanguard Prime (Mutual fund)				X						X											X						
	United Services Gold Fund (Stock)			X							X								X									
	St Louis Mo Revenue Bonds				X								X				X											X
	Great Southern Savings (Stock)				X						X								X									
	First Exec Life Ins Co (Stock)	X									X						X											X
	Interstrat Resources (Stock)	X									X						X											X
	Oxoco (Stock)	X									X						X											X
	US Mines (Stock)	X									X						X											X
S	T Rowe Price-(IRA-SEP)-Spouse				X						X						NA											
	T Rowe Price-(IRA-SEP)-Mel						X				X						NA											
	20th Century Funds-Pension				X						X						NA											
	20th Century Funds-Profit Sharing					X					X						NA											
S	S I McDaniel Trust (1/2 Interest)																											
	St Louis Mo Muni Bonds	X											X				X											X
	Southeast Mo University Muni Bonds	X											X				X											X
	Springfield Mo Public Util Muni Bonds	X											X				X											X
	Centerland Fund (Money Market a/c)			X									X					X										
	Boatmens Trust Int Exempt Fund				X								X							X								X
	Land-2405 S National, Springfield, Mo (Includes rental house & 15 Acres)						X					X								X								

Reporting Individual's Name

Melton D. Hancock

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Supporting schedule attached											

S,DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	B	C	D	E	F	G	H
	SDL Properties, Inc. (Sub S common stock)	X			05-Dec-91		X					
	First Springfield Securities-sold bond held, invested, earned interest and remitted proceeds	X	X		20-Jun-91	X						
	Eldorado Springs, Mo municipal bonds		X		20-Jun-91	X						
	Twentieth Century Mutual Fund (trf to revocable living trust)		X		15-Jul-91			X				
	Twentieth Century Mutual Fund (trf to revocable living trust)	X			15-Jul-91			X				
	1991 Ford Taurus	X			14-Oct-91	X						
	Scottsdale Securities brokerage a/c - closed		X			X						
	Dreyfus Worldwide Fund	X			11-Mar-91		X					
	First Executive Life Ins common stock (worthless)		X		31-Dec-91	X						
	Interstat Resources common stock (worthless)		X		31-Dec-91	X						
	Oxoco common stock (worthless)		X		31-Dec-91	X						
	U.S. Mines common stock (worthless)				31-Dec-91	X						
	S.I. McDaniel Trust (1/2 interest):											
	St Louis Mo Muni bonds		X		* 1-Oct-90	X						
	Southeast Mo Univ Muni bonds		X		* 8-Aug-90	X						
	Springfield Mo Utility Muni bonds		X		* 2-Oct-90	X						
	Boatmens Trust Intermediate Municipal Fund	X			* 2-Oct-90		X					
	St Louis Mo Revenue Bond	X			29-Nov-91		X					

* Third party trustee (Boatmens National Bank) sold the above municipal bonds and reinvested in a common municipal trust fund in 1990. Member was not aware of transaction until preparing 1991 report. (Prior year report has been amended to reflect)

Reporting Individual's Name

Melton D. Hancock

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name: Melton D. Hancock

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D C to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D C. to Seattle, 3 days food & lodging, self and spouse	
Supporting schedule attached				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Source	Date(s)	Brief Description (Itinerary and Nature of Expense)	Gift (X)
Eagle Forum (Speech)	11-Feb-91 11-Feb-91	Partial roundtrip airfare, Springfield, Mo to St Louis; one meal	
American Medical Association (Conference participant)	08-Mar-91 10-Mar-91	Roundtrip airfare, Wash D.C. to Naples, Fl; two nights lodging; meals, including spouse	
The Congressional Institute (Conference participant)	14-Mar-91 16-Mar-91	Roundtrip transportation, Wash D.C. to Princeton NJ; two nights lodging; meals, including spouse	
Assoc of American Railroads (Conference participant)	14-Jun-91 17-Jun-91	Roundtrip transportation, Wash D.C. to Dana Point, CA; three nights lodging; meals, including spouse	

Reporting Individual's Name: Melton D. Hancock

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
	Supporting schedule attached

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Melton D. Hancock	May 5, 1992

GPO: 1991 50-267 (m)

Positions	Name of Organization
Chairman of the Board	Federal Protection, Inc. Springfield, Mo
President & Chairman of the Board	Taxpayers Survival Association 6200 W Grand, Springfield, Mo
President	S.D.L. Properties, Inc. 6200 W Grand, Springfield, Mo
Co-Trustee	Federal Protection Pension Plan Springfield, Mo
Co-Trustee	Federal Protection Profit Sharing Plan Springfield, Mo

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTTER, CHIEF COUNSEL

October 27, 1990

OCT 30 1990

The Honorable Mel Hancock
United States House of Representatives
511 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting guidance regarding the limitations on outside earned income in the Ethics Reform Act as it relates to compensation you receive from Federal Protection, Inc.

You explain that Federal Protection, Inc. was chartered as a general business corporation for the purpose of providing security systems to the banking and financial industries. The company writes primarily five-year lease maintenance contracts and is very capital intensive. In 1984, the Company purchased the outstanding shares of the stockholders except those shares owned by you and your wife. A verbal agreement was made to transfer on an annual basis ownership to your son of approximately 43 percent of the company through 1989, which has been accomplished.

After your 1988 election to Congress, your son was made President of the company and is full time operating officer. You remain Chairman of the Board and only look after the financial affairs and financing of the company. You do not participate in the soliciting of additional business. You ask if, in view of limitations included in the Ethics Reform Act of 1989 (P.L. 101-194, as amended by P.L. 101-280), you may continue to receive any income from the company, as well as contributions on your behalf to a profit-sharing plan. The Committee notes that on your Financial Disclosure Statement for calendar year 1989, you reported earned income from Federal Protection, Inc. of $24,000, in addition to dividends and lease payments.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional

salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

. . . .

> (2) any compensation derived by such Member for personal services actually rendered prior to . . . becoming such a Member . . . ;
>
> (3) any amount paid by, or on behalf of, a Member to a tax-qualified pension, profit-sharing, or stock bonus plan and received by a Member from such a plan; [and]
>
> (4) in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502) provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not--

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;

> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Federal Protection, Inc., the Committee views the statute as prohibiting you serving for compensation as Chairman of the Board. This does not mean, however, you are totally precluded from receiving any compensation. Consistent with House Rule XLVII, you may be paid an amount consistent with what you received in 1989 to look after the financial affairs and financing of the company, as long as it is not indirect compensation for serving as Chairman. Payments may also be paid on your behalf to a tax-qualified profit-sharing plan. In reaching this decision, we note that the salary you were paid by Federal Protection, Inc. prior to your election to the House of Representatives was significantly more than you have been receiving since coming to Congress. In addition, the payment is consistent with the policy enunciated in House Rule

XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that while you may not serve for compensation as a board member or director of Federal Protection, Inc., you may receive compensation, in an amount consistent with what your have received in prior years while a Member of Congress, for protection of your equity, provided your family continues to own a controlling interest in the business. Activities which do not generate a significant amount of income for the family-controlled company will continue to fall within the cited exemption in House Rule XLVII. Furthermore, your receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

7

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

6 . 7 . 16

HAND DELIVERED

MC
(Office Use Only)

JAMES V. HANSEN
(Full Name)

399 EAST OAK LANE
(Mailing Address)

FARMINGTON, UTAH 84025

Telephone: WASH.,D.C. (202) 225-0453

Filer Status	[X] Member of the U.S. House of Representatives	State: UTAH District: 1st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	STATE FARM INSURANCE	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

1670

Reporting Individual's Name

JAMES V. HANSEN

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
KENNECOTT CORPORATION	SPEECH	July 15, 1991	$1,500
FLUOR CORPORATION	SPEECH	Sept. 24, 1991	2,000

Reporting Individual's Name
JAMES V. HANSEN

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT — Examples: S	ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	Office Building, 60 South 200 West Farmington, Utah 84025					X							X											X					
JT	Congressional Federal Credit Union Act.			X										X							X								
JT	Mountain America Credit Union Account			X										X							X								
JT	U. S. Savings Bonds			X										X							X								
JT	Building Lots (3) Woodland Springs Plat A - Farmington, Utah 84025					X													X										

For additional assets and unearned income, use next page

Reporting Individual's Name

JAMES V. HANSEN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

JAMES V. HANSEN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	AMERICA FIRST CREDIT UNION	Mortgage on Rental Office Building 60 South 200 West, Farmington, UT		X					

Financial Disclosure A-4

Reporting Individual's Name
JAMES V. HANSEN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NORTHRUP CORPORATION		Sep.27,'91 Sep.30,'91	Roundtrip Air from Wash.D.C. to LA - Self (family meals and lodging) to deliver speech	
HARVARD UNIVERSITY		Nov.12,'91	Roundtrip Air from Wash.D.C. to Boston - Self - to deliver speech	
VUCANOVICH FOR CONGRESS		Apr.4, '91 Apr.5, '91	Roundtrip Air from Salt Lake City to Reno,Nevada & overnight accommodations - Self - to deliver speech	
WESTERN HIGHWAY INSTITUTE		Mar.24,'91 Mar.25,'91	Roundtrip Air from Salt Lake City to Phoenix, Arizona & meals and lodging - Self - to deliver speech	
WESTERN REGIONAL COUNCIL		Dec.6,'91	Roundtrip Air from Salt Lake City to Phoenix - self to deliver speech	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JAMES V. HANSEN

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Secretary	Committee on Limiting Terms

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

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TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
James V. Hansen	May 6, 1992

GPO: 1991 50-367 (m)

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